

POSTOPERATIVE RECURRENCE OF CYSTIC HYDATIDOSIS: WHAT ARE THE PREDICTIVE FACTORS?

In a recent article, Prousalidis and colleagues¹ reported an interesting study about postoperative recurrence of cystic hydatidosis. The purpose of the study was to determine prognostic factors for recurrence. We think that some points need to be clarified.

The authors claimed that the most important determinants for recurrence of hydatid cysts were spillage of the hydatid cyst, missing the cysts preoperatively or intraoperatively and incomplete pericystectomy. They argue their point by giving the value for spillage (Exp(β) 1.330, 95% confidence interval [CI] 0.643–2.720), and the value for missing cysts or incomplete pericystectomy (Exp(β) 1.194, 95% CI 0.260–5.489).¹ According to statistical calculation, spillage and missing cysts or incomplete pericystectomy are not statistically significant

in the study by Prousalidis and colleagues,¹ since in both cases the CI includes the 1 value.

However, we do agree that both spillage and incomplete pericystectomy are predictive factors of recurrence in the literature.^{2–4} Other factors can be reported. In a retrospective single-centre study, we found that both history of hydatid cysts on the liver (surgery for hydatid cysts on the liver before enrolment into the study) and number of cysts in the liver were independent risk factors for recurrences.⁵ In addition, we think that the surgeon's practice and experience are the most important predictors of success the surgical treatment. It prevents complications and recurrences.

H.O. El Malki, MD

A. Souadka, MD

Surgery Department
"A" Ibn Sina Hospital
Center for Clinical Trials and Epidemiological Studies (CRECET)

Medical School University Mohammed Vth Souissi
Rabat, Morocco

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