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## GIANT LEFT HEPATIC CYST WITH GASTRIC OUTLET OBSTRUCTION

SENOL TAHIR 1, Pandora Mihajloska Blazevska 1, Frosina Jovanovska 1, Ana Kocavska 2, Maja Sofronievska Glavinov 3

*1.University Surgical Hospital, St. Naum Ohridski, Skopje, North Macedonia,*

*2.Specialized Hospital for Gynecology and Obstetrics, Mother Theresa, Skopje, North Macedonia, 3.Faculty of Medical Sciences, Goce Delcev University, Stip, North Macedonia*

The prevalence of cystic hepatic lesions in the United States is estimated to be 15%-18% and simple hepatic cyst is the most common, found in 2.5%-18% of the population. Gastric outlet obstruction (GOO) is a medical condition where there is an obstruction at the level of the pylorus, which is the outlet of the stomach. Individuals with GOO will often have recurrent vomiting of food that has accumulated in the stomach, but cannot pass into the small intestine due to the obstruction.

A 74-year-old patient was admitted to the emergency department due to diffuse abdominal pain, bloating and tenderness in the upper abdomen. In the last month, he had malaise, bloating (especially after a large meal), loss of appetite, regurgitation and a metallic taste in the mouth. Laboratory tests (WBC 12.000, CRP 10) and a CT scan of the abdomen with contrast were performed. We detected a multiple cystic formations on the right liver lobe and larger one on the left liver lobe that compresses the antro-pyloric part of the stomach and D-1 of the duodenum. We performed gastric emptying with a nasogastric tube, serological tests to exclude possible echinococcosis and tumor markers to exclude possible malignancy. Then, we performed a diagnostic gastroscopy and the findings were normal. An indication for laparoscopic intervention has been made and laparoscopic evacuation and excision-reduction of the simplex cyst was performed. The histopathological analysis revealed a simplex cyst. The patient had a normal post-operative course and was discharged home on the third postoperative day. At the examinations after 1 and 3 months, the findings were normal.

Large cysts within the liver parenchyma are in contact with the vascular, biliary and digestive systems. The resulting compression may lead to inferior vena cava obstruction, Budd Chiari syndrome, obstructive jaundice, portal hypertension and Gastric Outlet Obstruction.

**Keywords:** hepatic cyst, gastric obstruction, surgery, laparoscopy