



BILATERAL SEROUS RENAL CYSTS REVEALED BY ABDOMINAL MASS SYNDROM AND TREATED BY LAPAROSCOPY

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SUMMARY

Cystic kidney disease (CKD) is a heterogeneous group of conditions that have microscopic or large cysts as a common denominator. They are found in both children and adults and can take the form of single or multiple cysts, uni- or bilateral, congenital or acquired, symptomatic or not, and can even lead to end-stage renal failure.

We report a case of bilateral giant renal serous cysts in a man presenting with an abdominal mass. The diagnosis of bilateral renal cysts is made and the operation by laparoscopic approach is chosen.

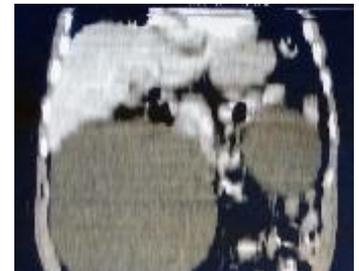
INTRODUCTION

Cystic kidney disease (CKD) is a heterogeneous group of conditions that have microscopic or large cysts as a common denominator. Serous cysts of the kidney are common, but rarely reach a large size.

CKDs can occur in both children and adults and include both single and multiple, uni- or bilateral, congenital or acquired cysts, and symptomatic or not. They are often asymptomatic, but can be complicated by compression, infection etc...

right and 130 mm on the left (Fig. 1).

fig.1



MATERIAL AND METHOD

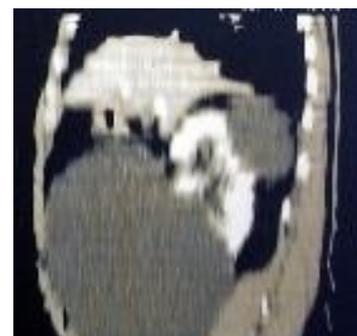
The patient is a 70 years old male patient with no particular history of cdf qo kpcnj gcxkpguu'cpf "cdf qo kpcn

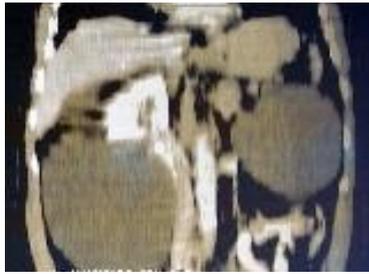
Clinical examination in a patient in good general condition will reveal abdominal distension with a matt appearance of the flanks on physical examination.

The biological examinations are free of anomalies.

X-ray examinations, namely abdominal ultrasound, find bilateral renal fluid formations without any further localisation.

The CT scan reveals large cystic formations, which are very limited in both kidneys, reaching 200 mm long axis on the





Surgery is proposed and the laparoscopic approach is chosen with a strict supine position and 4 trocars.

The operation consisted of exploration of the abdominal cavity, Trans peritoneal approach of both kidneys (Fig. 2), dissection, emptying of the cysts (several liters) with resection of the cystic wall of both kidneys (Fig. 3).

The after-effects of the operation were simple and discharge was authorized the day after surgery (D1).

fig. 2



fig. 3



DISCUSSION:

Cystic kidney disease (CKD) is a heterogeneous group of diseases that have microscopic or large cysts as a common denominator [1,2]. MKRs are found in both children and adults and may present as single or multiple cysts, uni- or bilateral, congenital or acquired [3],

symptomatic or not, and may even lead to end-stage renal failure.

Diagnosis is easy thanks to ultrasound and CT scan [4,5,6]. The etiological diagnosis is, in most cases, based on a careful clinical, radiological, histopathological and/or genetic approach [7,8]. Obtaining a diagnosis of certainty is essential to specify the prognosis [9,10], treatment and/or clinical surveillance.

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Obtaining a diagnosis of certainty is essential to clarify prognosis and treatment, and to offer genetic counselling if necessary [10,11].

The treatment is indicated in cases of large volume or complications (compression, infection) and can be either percutaneous [12] or surgical (laparoscopic or conventional).

CONCLUSION

Giant serous cysts of the kidney are rare. They can be isolated or part of a polycystic kidney. Diagnosis is fairly easy thanks to ultrasound and CT scan.

The treatment of choice remains surgical and the laparoscopic route is a good choice.

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