

**COLLOQUE
PROGRAMME**



3^e colloque / 3rd symposium

Échinococcosse kystique

- Méditerranée -
- Cystic Echinococcosis**
- Mediterranean

Besançon (France)
18 -19 novembre 2025

Les Hauts-du-Chazal

Mardi 18 novembre
Bio Innovation
4 rue Charles Bried
25000 Besançon

Mercredi 19 novembre
UFR Santé, Amphi F001
19 rue Ambroise Paré
25000 Besançon



Dipartimento
Attività Integrate
Ricerca e Innovazione
AOU AL - ASL AL

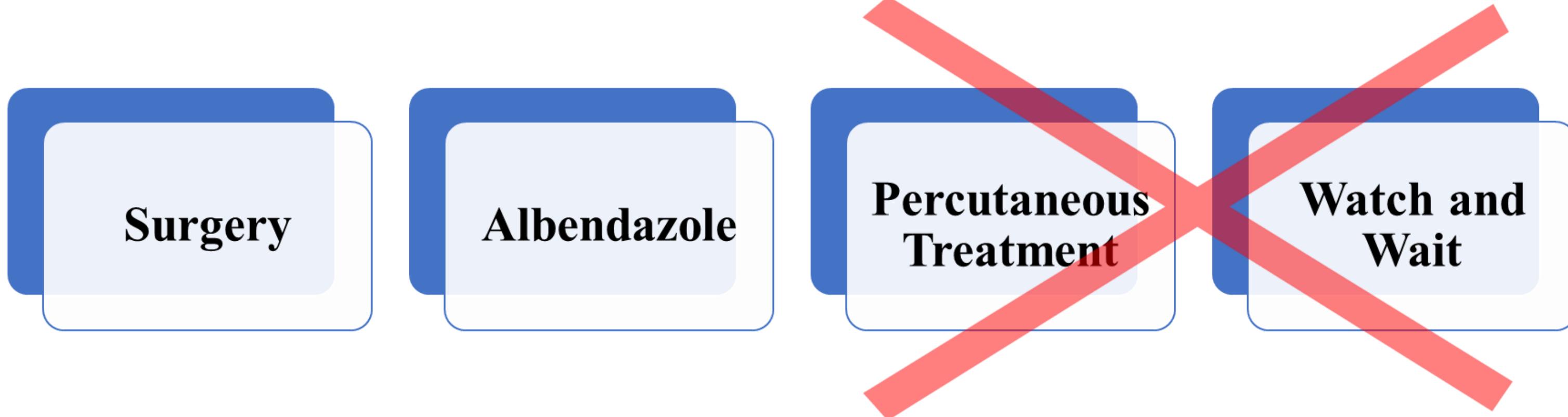


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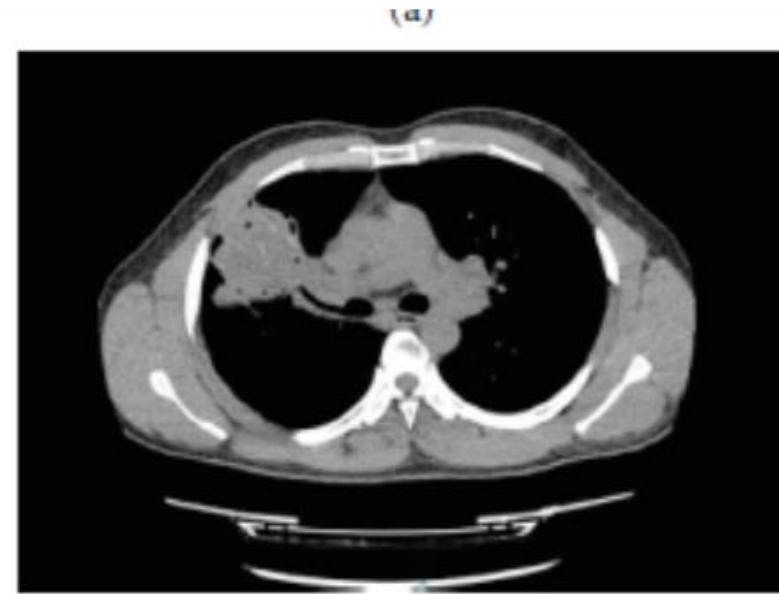
**Chirurgie hépatique et risque pleural:
contribution d'un registre clinique en
contexte non endémique**

Rinaldi P, Roveta A, Meda S, Francese A, Maconi A.
Azienda Ospedaliera Universitaria Alessandria, Italie

Treatment of Intrathoracic Cystic Echinococcosis



Delayed Surgery



D'Alessandro GL, Pontarelli A, Leka A, Casazza D, Lissandrin R, Manciulli T, Botta A, Parrella R, Brunetti E, Rinaldi P. **Delayed Surgical Treatment of a CE1 Lung Cyst Resulting in Pericystectomy of CE4 Cyst.** Case Rep Infect Dis. 2024 Mar 14;2024:5167805

Surgical Technique

VATS

Advantages

- Minimally invasive
- Less pain
- Shorter hospital stay and quicker recovery
- Reduced risk of complications

Disadvantages

- Limited maneuverability
- Skill requirement
- Cost

Thoracotomy

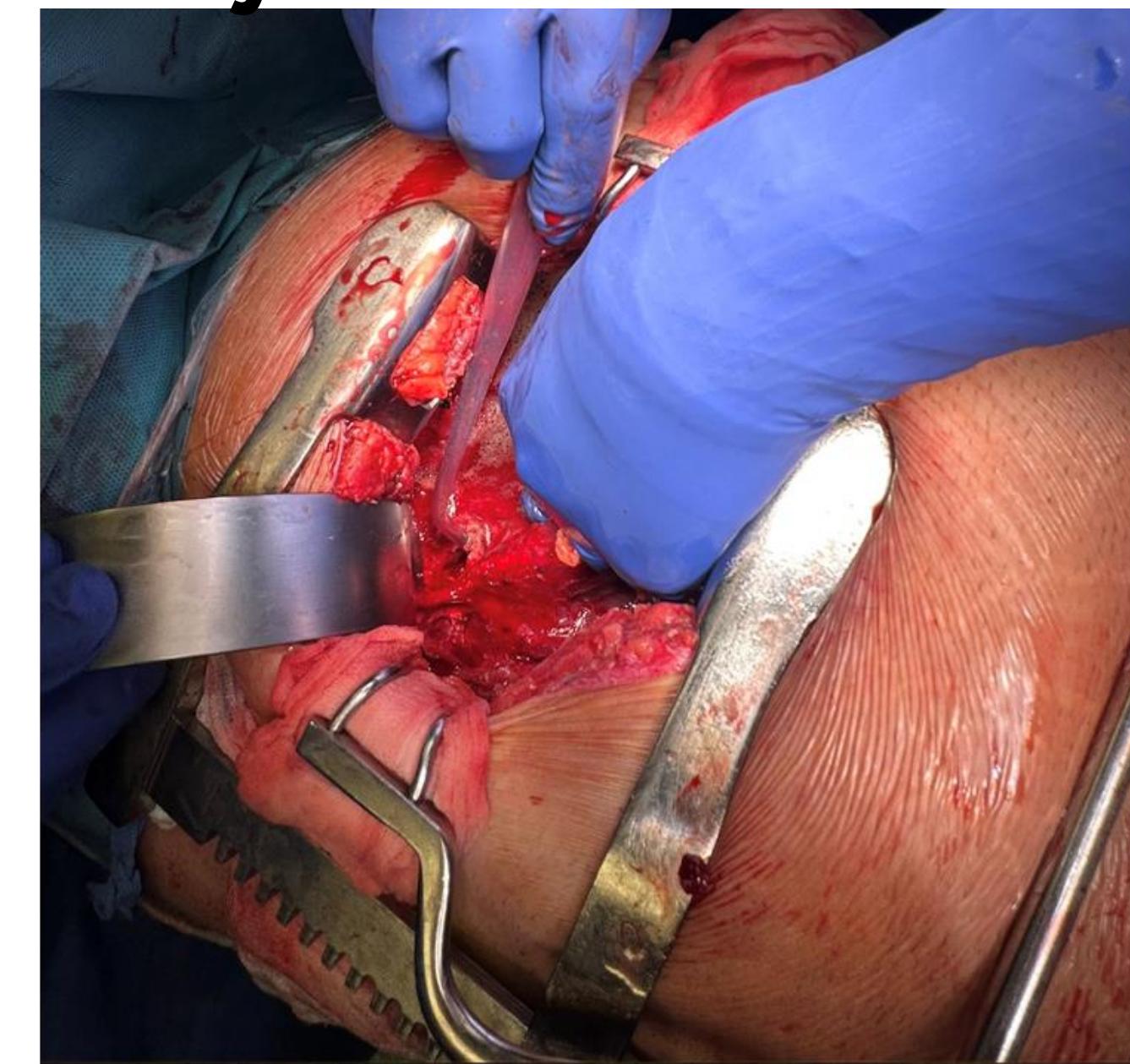
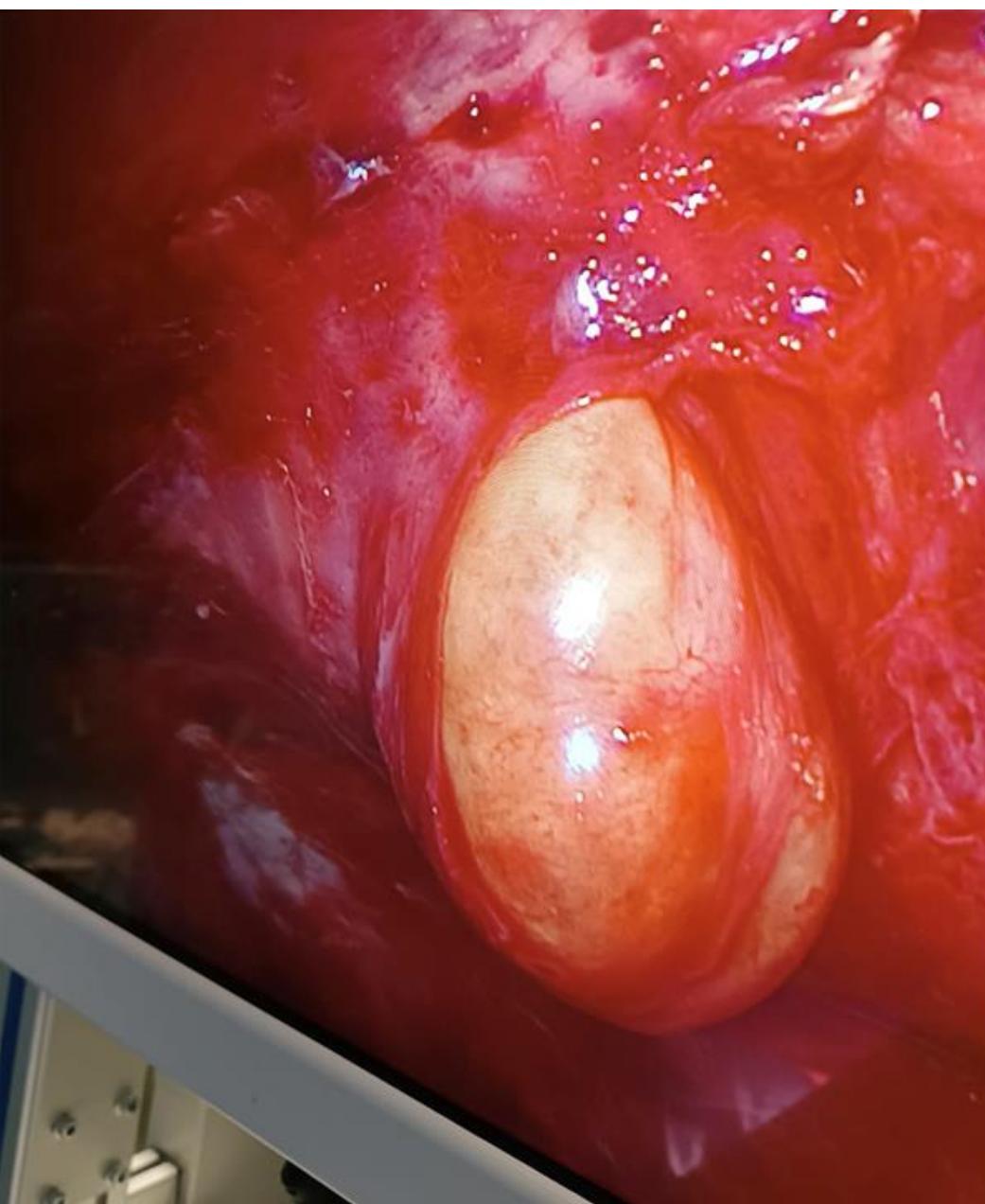
Advantages

- Direct access
- Greater maneuverability
- Versatility

Disadvantages

- Higher risk of complications
- Invasiveness
- Longer hospital stay
- Slower recovery

VATS or Thoracotomy



Surgical Technique

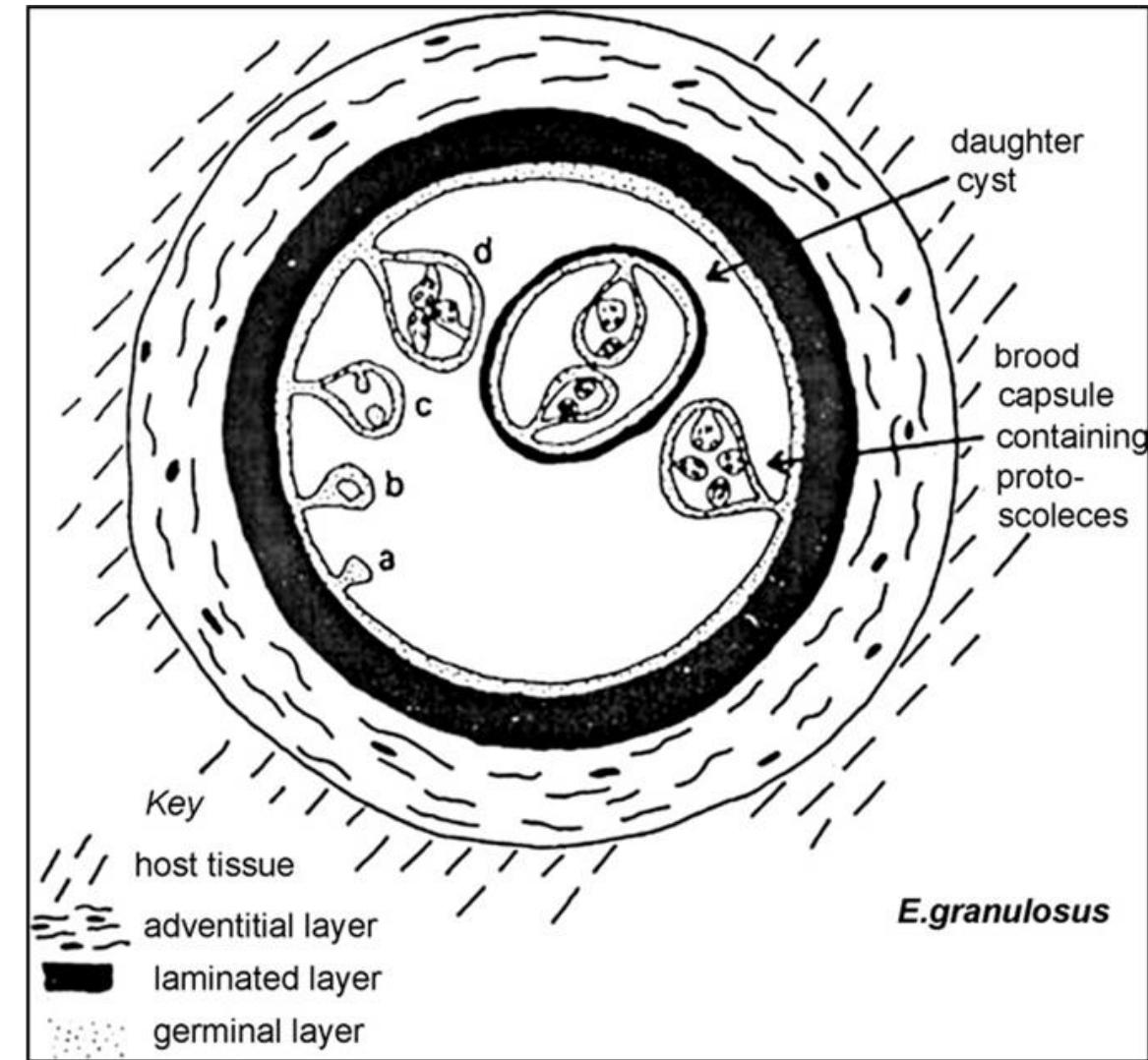
Total cystectomy

Complete removal of the cyst, including the outer layer (adventitia)

May not be feasible if the cyst is near to vital organs

- In alternative, we remove the inner layer only (opened cyst partial cystectomy)
- It is possible to perform aspiration before excision to decrease the volume of cyst. Increases the risk of contamination through spillage

Total cystectomy



Brunetti, Enrico, Peter Kern, and Dominique Angèle Vuitton. *Acta Tropica* 114, no. 1 (April 1, 2010): 1316

Surgical Technique

Pleurectomy Decortication

- Remove the cyst along with the surrounding pleura
- Remove all the parietal pleura if the cyst is complicated
- To ensure no residue remains in the thorax

Pleurectomy Decortication



Surgical Technique

Protoscolecidal Agent

- The hypertonic solution (20% Saline) acts as a potent agent to destroy any remaining protoscoleces or hydatid cyst elements
- Gauze soaked in hypertonic solution is carefully applied around the hydatid cyst before excision
- In case of spillage, it can prevent contamination of surrounding tissues

Medical Treatment

Albendazole

- ABZ dosage: (10 mg/kg/day)
- 1-2 days Perioperative prophylaxis
- Administered post-operatively for at least 30 days
- Avoid prolonged use of ABZ before Surgery, especially for larger cysts

Praziquantel

Medical Treatment

- PZQ dosage: 40 mg/kg once weekly
- In combination with Albendazole
- The duration hasn't been determinate yet
- In the laboratory, it was found that it may be effective for smaller CE
- Further studies are required to prove its effectiveness in reducing the recurrence rate of CE

Objectives

To describe our experience with surgery of mediastinal and pleural CE,
collected into **ECHINO-HOME Registry**

2 sites: Alessandria and Pavia University Hospitals
January 2019 to September 2024

Surgical techniques
Recurrence rate
Usage of post-operative ABZ prophylaxis

Materials and Methods

Data collected into **ECHINO-HOME Registry**

2 sites: Alessandria and Pavia University Hospitals
January 2019 to September 2024

Past medical history
Surgical techniques
Recurrence rate
Usage of post-operative ABZ prophylaxis

Patients' Demographics

RESULTS

Parameter	Value
Total Patients	9
Mediastinal Cysts	3
Pleural Cysts	6
Age Range (Years)	23-75
Median Age (Years)	49
Mean Age (Years)	46.2
Gender Distribution	5 Females, 4 Males
Nationality	3 Italians, 6 Foreign-born (Albania, Moldova, Morocco, Pakistan, Kazakhstan, Tunisia)
Most Common Symptoms	Thoracodynia, Cough, Pleural Effusion

RESULTS

Mediastinal CE

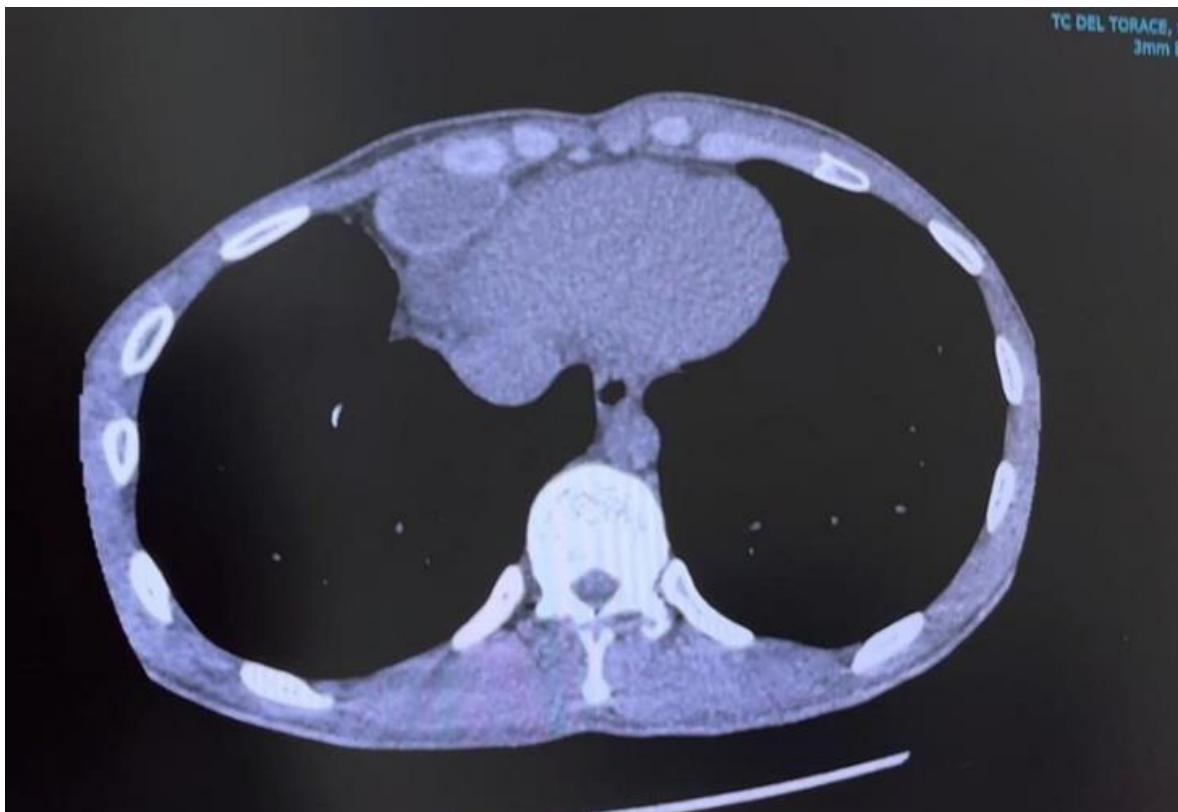
Parameter	Value
Cases	3 (1 with coexist Myocardial CE)
Previous treatment	1 Lobectomy, 1 ABZ for 3 year
Postoperative ABZ prophylaxis after previous surgery	1
Usage of PZQ	0
Kind of surgery	1 VATS, 1 Thoracotomy, 1 Combined surgery (VATS and Sternotomy)
Complications	1 Cutaneous fistula

RESULT

Pleural CE

Parameter	Value
Cases	6 (1 with coexist Hepatic CE)
Previous treatment	3 Hepatectomy, 1 Hepatectomy & Lobectomy
Postoperative ABZ prophylaxis after previous surgery	2
Usage of PZQ	0
Kind of surgery	1 VATS, 5 Thoracotomy
Complications	0

RESULTS



Mediastinal CE



Myocardial CE



Pleural CE

DISCUSSION

Patients are typically young (mean age: 46.2), and most of them were born abroad

Four of the 6 patient developed Pleural CE **after previous liver surgeries**

- One patient was found to have both pleural CE and hepatic CE simultaneously

Five of the 6 patients with Pleural CE underwent thoracotomy

Only 2 out of 5 Patient underwent ABZ after previous surgery (intermittently)

- The Availability of ABZ is also a serious issue
- One patient temporarily switched to Mebendazole due to unavailability of ABZ

No patients underwent PZQ

CONCLUSION

No strong evidence of recurrent Mediastinal CE

Pleural CE maybe related to pleural effusion after previous liver surgery

Due to the location and complexity of the pleural CE, a more aggressive surgical approach was required

Emphasize the use of ABZ post operative prophylaxis

Explore the use of PZQ in combination with ABZ???

**Thank you for your
attention**

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