

## **SUMMARY AND CONCLUSION**

Intra – hepatic cysts are diseases of the liver and intra hepatic biliary tree include entities which differ in aetiology, manifestations and management.

Intra hepatic cysts are either congenital or acquired. Congenital cysts include; parenchymal and ductal cysts. Parenchymal cysts include; solitary cysts, polycystic disease of the liver and congenital hepatic fibrosis.

Ductal cysts include: solitary ductal cyst and multiple cystic dilatations of intrahepatic bile ducts (Caroli's disease).

Acquired cysts include: echinococcal cysts, neoplastic cysts (benign and malignant) and posttraumatic cysts.

The great majority of patients of hepatic cysts are asymptomatic. Most of cases are incidental finding at operation or autopsy. When symptoms occur, they are usually related to the presence of enlarging mass in the upper abdomen, the most common presentations include; abdominal mass, hepatomegaly, abdominal pain and jaundice. Complications are rare, may account for symptoms. They include: perforation, haemorrhage, secondary infection, torsion of cyst on a pedicle and spontaneous rupture.

Ultrasonographic and computed tomographic scannings are the most accurate procedure for diagnosing hepatic cysts.

Other procedures may be needed to confirm the diagnosis as: cholangiography and arteriography.

The treatment of hepatic cysts varies according to their nature and many other factors. The non surgical lines of therapy plays a minor role as an adjuvant lines of therapy for surgery which is the main stem in planning of the treatment strategy.

It is concluded that Laparoscopy is taking a promising steps in this field, carrying the hope to decrease the dependence on open surgery in the near future.