

## Parenchyma-sparing technique for giant pulmonary hydatid cysts

*Dev akciğer hidatik kistlerinde parenkim koruyucu teknik*

**Serdar Evman**

*Department of Thoracic Surgery, Süreyyapaşa Chest Disease and Chest Surgery Training and Research Hospital, Istanbul, Turkey*

Dear editor,

I read the article in your journal by Öncel et al.<sup>[1]</sup> with interest. I would like to make a few comments for the authors.

They have detailed their “minimally-invasive” surgical approach, and reported a mean hospital stay of 7.5 days, with a complication rate of 68.4% (13 of 19 patients). For such defined procedure, both results seemed a little above of given in the recent literature;<sup>[2]</sup> regardless of the size of the treated cysts.<sup>[3]</sup> Moreover, information on mean duration of the operation would have given an idea on the feasibility of the procedure.

Additionally, no information was given on use of preoperative or postoperative cystic echinococcosis-specific antibodies, which have been shown to be highly diagnostic and also prognostic for recurrence.<sup>[4]</sup>

Since the cysts are called as “giant”, the readers may also question the coexistence of any extra-thoracic cysts, which is not an infrequent entity for hydatidosis. The calculation mistake of total number of patients (13 vs. 19 described in the text), along with the percentages in Table 1 are thought to be simple typos.

Finally, to conclude a procedure to be highly effective and safe, 30.4% prolonged air leak, 68.4% of total postoperative complication rate, and hospital stay for one week may be uncomfortable for the readers.

I would like to congratulate and thank the authors for sharing their new technique and experience with us.

### Declaration of conflicting interests

The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

### Funding

The authors received no financial support for the research and/or authorship of this article.

### REFERENCES

1. Öncel M, Sadi SG, Tezcan B, Şua S, Döngel İ. Parenchyma-preserving and minimally invasive thoracotomy technique in giant pulmonary hydatid cysts. *Turk Gogus Kalp Dama* 2015;23:88-91.
2. Alpay L, Lacin T, Atinkaya C, Kırıl H, Demir M, Baysungur V, et al. Video-assisted thoracoscopic removal of pulmonary hydatid cysts. *Eur J Cardiothorac Surg* 2012;42:971-5.
3. Ürek Ş, Coşgun T, Alpay L, Akyıl M, Mısırlıoğlu A, Tezel Ç. Pulmoner kist hidatik olgularında kistlerin boyutları ve sayılarının önemi. *J Kartal Tr* 2013;24:13-8.
4. Tenguria RK, Naik MI. *Annals of Parasitology* 2014;60:297-303.

### Author's Reply

Dear editor,

The counts and ratios of complications did not prolong the time of hospitalization in most of the thoracic operations. Therefore, we do not think that mentioning about complications did not make the article less interesting. Also, most of the complications were treated before discharging. These complications were not significant to indicate in the article.

About the mismatch of the number of patients, we think there was a mistake in the printing of the journal. The table, which we sent in the revised file of our article in October 2013, is totally different from the table of the printed article. The original table is still in submission file.



Available online at  
www.tgkdc.dergisi.org  
doi: 10.5606/tgkdc.dergisi.2015.11676  
QR (Quick Response) Code

Received: March 09, 2015 Accepted: March 29, 2015

Correspondence: Serdar Evman, M.D. Süreyyapaşa Göğüs Hastalıkları ve Göğüs Cerrahisi Eğitim ve Araştırma Hastanesi, Göğüs Cerrahisi Kliniği, 34844 Maltepe, İstanbul, Turkey.

Tel: +90 216 - 325 91 33 e-mail: sevman13@yahoo.com

**Table 2. Location of cysts in lungs**

Location of hydatid cyst	n	%
Right lung		
Superior lobe	5	26.3
Middle lobe	1	5.3
Lower lobe	7	36.8
Left lung		
Superior lobe	4	21.1
Inferior lobe	2	10.5
<i>Total</i>	19	100.0

We did not study echinococcus specific antibody tests in the patients who underwent surgery. Radiological imaging is more beneficial from blood tests for diagnosis. Also, for giant cysts, positive or negative blood tests do not change the treatment.

*Correspondence:* Murat Öncel, M.D. Selçuk Üniversitesi Tıp Fakültesi Göğüs Cerrahisi Anabilim Dalı, 42131 Selçuklu, Konya, Turkey.

Tel: +90 535 - 223 40 68 e-mail: moncel01@hotmail.com