

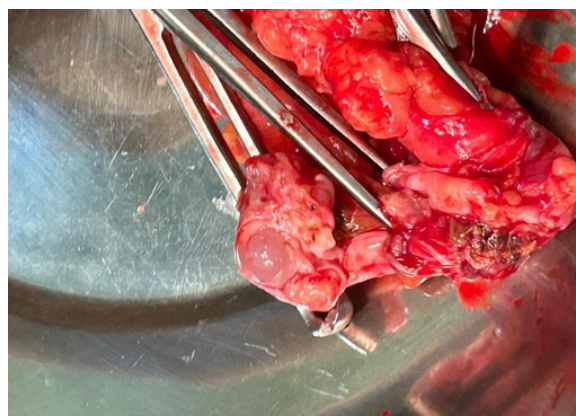
MUCINOUS CYSTIC NEOPLASM OF LIVER MIMICKING A HYDATID CYST: A RARE CASE

A 56-year-old female presented with complaints of abdominal pain and abdominal fullness for 5–6 days. She had a past history of craniotomy and was a known case of epilepsy. On examination, tenderness was present in the right hypochondrium along with a vague palpable abdominal mass.

Contrast-enhanced computed tomography (CECT) of the abdomen revealed a large complex multiloculated cystic lesion in the epigastrium, likely arising from Segment IV of the left lobe of the liver. The lesion showed exophytic bulging with significant compression of the portal vein, attenuation of the common bile duct, and displacement of the first part of the duodenum. Based on imaging findings, a diagnosis of hydatid cyst was considered.

After appropriate preoperative evaluation and fitness assessment, the patient underwent exploratory laparotomy with complete excision of the cyst. The postoperative period was uneventful.

Histopathological examination revealed Non-Invasive Mucinous Cystic Neoplasm of the Liver (MCN-L), negative for high-grade dysplasia and malignancy. This represented a rare case where a mucinous cystic neoplasm closely mimicked a hydatid cyst on radiological imaging. The patient recovered well and was discharged on postoperative day 7.



Conclusion:

Mucinous cystic neoplasm of the liver is a rare cystic hepatic tumor that may closely resemble a hydatid cyst on clinical and radiological evaluation. Complete surgical excision remains both diagnostic and therapeutic, with histopathology providing the definitive diagnosis.

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