



Review article

Surgery for Hepatic Hidatidosis. Risk Factors and Variables Associated with Postoperative Morbidity. Overview of the Existing Evidence[☆]

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A B S T R A C T

There are few publications related to postoperative morbidity in hepatic hydatidosis and these have mixed results. The aim of this study was to determine risk and protective factors of postoperative morbidity in patients operated on for hepatic hydatidosis.

A comprehensive review was made of the evidence, based on systematic reviews, clinical analyses and observational studies, obtained from the Trip Database, BVS, SciELO, Cochrane Central Register of Controlled Trials, WoS, MEDLINE, EMBASE, SCOPUS, EBSCOhost, IBECs, ePORTUGUESe, LILACS and WHOLIS.

1087 related articles were identified; 69 fulfilled the selection criteria (2 systematic reviews, 3 clinical trials and 64 observational studies). Age, history of previous surgery for hepatic hydatidosis, location in the hepatic center, existence of biliary communications and evolutionary complications of the cyst were identified as risk factors, and radical surgical techniques as protective factors.

Risk and protective factors were identified; however, the studies are few and the quality moderate to low.

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Cirugía de la hidatidosis hepática. Factores de riesgo y variables asociadas al desarrollo de morbilidad postoperatoria. Revisión global de la evidencia existente

RESUMEN

Palabras clave:

Hidatidosis

Quiste hidatídico hepático

Morbilidad

Complicaciones postoperatorias

Pronóstico

Las publicaciones relacionadas con morbilidad postoperatoria en hidatidosis hepática son escasas y de resultados disímiles. El objetivo de este estudio fue determinar factores de riesgo y protectores de morbilidad postoperatoria en pacientes intervenidos por hidatidosis hepática.

Se realizó una revisión global de la evidencia, basada en revisiones sistemáticas, ensayos clínicos y estudios observacionales, obtenidos de Trip Database, BVS, SciELO, Cochrane Central Register of Controlled Trials, WoS, MEDLINE, EMBASE, SCOPUS, EBSCOhost, IBECs, ePORTUGUESe, LILACS y WHOLIS.

Se identificaron 1.087 artículos relacionados y 69 cumplían criterios de selección (2 revisiones sistemáticas, 3 ensayos clínicos y 64 estudios observacionales). Se identificaron como factores de riesgo la edad, el antecedente de cirugía previa por hidatidosis hepática, la localización centro hepática, la existencia de comunicaciones biliares y complicaciones evolutivas del quiste y como protectores las técnicas quirúrgicas radicales.

Se identificaron factores de riesgo y protectores; sin embargo, los estudios son escasos y de calidad moderada a baja.

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Introduction

Hydatidosis is an endemic zoonosis in Chile, with an average incidence of 1.9/100 000, hospital discharges of 6.3/100 000 inhabitants and a mortality rate of 0.2/100 000 inhabitants.¹ The regions of Aysén and La Araucanía are the most widely affected, the latter with a discharge rate of 28.1/100 000 inhabitants.²

This situation determines the need to treat a significant number of new cases of hydatid disease of the liver (HDL) per year in a timely and efficient manner, while investigating evolutionary complications³ and hydatidosis in other locations.⁴

Despite being an endemic disease in several countries, there have been few publications, with a low level of evidence. Their results are dissimilar, especially regarding the development of postoperative morbidity (POM) and potential variables associated with the development of POM, reason why it is complex to establish strategies to prevent POM in order to control risk factors (RF).

In articles from the 1990s, POM figures were reported between 23.7% and 62.5%.⁵⁻¹⁰ As of the year 2000, figures between 21.3% and 53.8% were reported,¹¹⁻¹⁴ and from 2010 to date there have been reports of POM between 37.9% and 79.9%.¹⁵⁻¹⁷

A global review of the evidence is a qualitative method that is able to combine results from articles extracted from the published literature and later synthesize summaries and conclusions to answer questions related to clinical scenarios of treatment, causes, diagnosis and prognosis. Therefore, they can be used to assess the existing evidence regarding clinical situations in which there is uncertainty, thus allowing subsequent studies to be planned.¹⁸

The objective of this study was to summarize the available evidence about associated variables, risk and protective factors (PF) of POM in patients treated surgically for HDL.

Methods

Type of Study

Overview of the evidence available.

Population

Included in the study were systematic reviews (SR), clinical trials (CT) and observational studies (OS [concurrent and historical cohorts; cases and controls and case series – CS]) published between January 1980 and May 2017, with no language restriction, that included adult human populations treated surgically for HDL and had evaluated the development of POM. We excluded from the study those articles that included patients treated with laparoscopic surgery, needle aspiration, or injection and re-aspiration, articles with topics unrelated to the objective, reviews of the literature, consensus documents and discussion articles.

Search Methodology

The search was completed with PICO components (study population [P], intervention in evaluation [I], comparator [C] and outcome [O]). Based on this strategy, we searched for studies with HDL patients (P), who underwent open surgery (I) and whose response variables were POM (O). To this end, the following metasearch engines, libraries and databases were reviewed: Trip Database, BVS, SciELO, Cochrane Central

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