## Case

A 60-year-old women G7P7 with polycystic kidney disease and hypertension presented to the gastroenterology clinic with chronic abdominal pain and increasing abdominal girth over the past two years. She also reported early satiety, as well as occasional nausea and vomiting of undigested food particles. Physical exam revealed massive abdominal distention as well as hepatomegaly and a palpable liver edge. She had anicteric sclera and no stigmata of chronic liver disease. Labs showed a creatinine of 0.7 mg/dl, platelet count of 200 $10^3$/ul, albumin of 3 g/dl, and alkaline phosphatase of 175 U/L. Shortly after her clinic visit, EGD revealed that she had a significantly patulous pylorus and a very deformed J-shaped stomach. Despite aggressive decompression there appeared to be a significant extrinsic compression anteriorly. A CT scan of her abdomen demonstrated a 2.1 cm cyst in the mid portion of the right kidney, multiple extensive hepatic cystic changes and hepatomegaly that produced an extrinsic mass like effect on the stomach, resulting in gastric outlet obstruction.

## Discussion

Polycystic liver disease (PLD) commonly occurs in patients with polycystic kidney disease (PKD). The hepatic cysts in PLD, which are thought to arise from biliary epithelium, appear later in age than the renal cysts, though both increase in incidence with age. Studies report the presence of hepatic cysts in 50-70% of patients with PKD over the age of 60. Although the overall prevalence of hepatic cysts in PKD is similar in males and females, large cysts seem to occur only in women, especially those who have had multiple pregnancies. Large cysts can lead to significant hepatomegaly, causing mass effect on adjacent organs such as the stomach, kidneys, and pancreas. Additional complications of hepatic cysts include cyst infection and rupture—which can be hemorrhagic. Most patients with hepatic cysts can be managed conservatively. However, there are cases of successful surgical intervention in patients with massive symptomatic cysts, including partial hepatic resection and liver transplantation.

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