Congenital Serous Cysts of the Liver in Cows: 5 Cases

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ABSTRACT

Congenital liver cysts are classified as intrahepatic, serous and multiple cysts in domestic animals. In this case presentation study, gross and histopathologic aspects of congenital liver cysts observed during the routine necropsy examination were described. A total of 5 cases of Holstein breed, 6 and 7 month-old aborted two fetuses and 1, 2, and 3 month-old three calves, were studied. Grossly, the liver had fluctuant structure in the calves. In the aborted fetuses, the cysts were present both in the parietal and visceral surfaces of liver, and partially embedded into the liver parenchyma. In calves, the liver cysts were only present on the diaphragmatic surface and attached to the capsule. Clear, fluctuant and light yellowish colored cyst content was 100-200 ml in the fetuses and 0.5-3 l in the calves. In histopathologic examination, the inner cyst walls were seen to consist of squamous cells, though cuboidal cells were occasionally noted. Based on the observations, the liver cysts seen in these cases were named as congenital serous cysts.

Keywords: Congenital serous cyst, Liver, Pathological findings.

Sığırlarda Konjenital Seröz Hepatik Kistler: 5 Olgu

ÖZET

Evcil hayvanlarda konjenital karaciğer kistleri intrahepatik, seröz ve multiple kistler şeklinde sınıflandırılır. Bu çalışmada, 6 ve 7 aylık Holştayn ırkı atık fetüsler ile 1, 2 ve 3 aylık Holştayn ırkı buzağılarda nekropside rastlantısal olarak karşılaşılan konjenital karaciğer kistleri tanımlandı. Makroskobik muayenede, fetus ve buzağılarda fluktuan ve kese şeklinde genişlemeler gösteren kistler; atık fetülerde karaciğerin hem pariyetal hem de viseral yüzünde ve organın paransımine doğru da bir gelişim göstermekteydi. Buzaqlarda ise yalnızca diyaframatin yüzde kapsayışık olarak bulunmaktaydı. Fetülerde kistler, yaklaşık olarak 100-200 ml, buzağılarda ise 0.5-3 l miktarında, berrak, limon sarısı renginde, aksıkan bir içeriğe doluydu. Histopatolojik incelemede, kistlerin iç yüzlerinin tek katlı yassı epitel hücreleriyle örtülü olduğu görüldü. Bazı alanlarda ise bu hücreler kübik yapıda idi. Bu bulgulara göre tüm olgulardaki konjenital karaciğer kistlerinin seröz kist yapısında oldukları sonucuna varındı.

Anahtar Kelimeler: Konjenital seröz kist, Karaciğer, Patolojik bulgular.
Introduction

Congenital liver cysts have been described in many domestic animal species (MacLachlan and Cullen, 1995; Newman et al., 2000; Kai et al., 2001). Based on the origin of cysts, they were classified as intrahepatic, multiple and serous cysts (Stalker and Hayes 2007). Intrahepatic congenital cysts have generally clear and serous content and develop from embryological bile ducts (Newman et al., 2002; Stalker and Hayes, 2007). The origin of serous cysts is unclear, however it was stated that they could be the serosal inclusion cysts (Van den Ingh and Rothuizen, 1985). Serous cysts were described in calves, lambs and foals, that are adherent to capsula at the diaphragmatic surface of liver (Stalker and Hayes, 2007). Multiple cysts, which originate from bile ducts, in cats, dogs and pigs were reported (Stebbins, 1989; Stalker and Hayes 2007).

In the present study, gross and histopathologic characteristics of congenital liver cysts that were occasionally observed during the necropsy examination of 5 cases were described.

Materials and Methods

In this investigation, a total of 5 congenital liver cysts, 2 of aborted fetuses and 3 of calves were studied. Information regarding to the breed, sex, age and location where the cases were spotted are shown in Table 1. Tissue samples of livers and the cystic structures were collected during the necropsy examination, and then processed for 10% buffered formalin fixation and paraffin embedding. Thereafter, serial sections were cut for haematoxylin and eosin (HE) and Masson’s Trichrome staining.

Results and Discussion

Cases of two (Case no 1 and 2) were aborted fetuses, which were brought to routine necropsy examination. Growth retardation was observed in these cases considering the current abortion time. Subcutaneous edema and congestions were noted in various sites of the bodies. In these fetuses, livers were soft in consistency, blunt-edged and showing a color range from light to dark red. Both livers had cystic structures both on the parietal and visceral surfaces (Figure 1). These cysts were in size of approximately 10% of the livers. They were enclosed by a clear and thin-walled membrane. The cystic structures in the fetuses were also noted to embed into the parenchyma of the liver. The 100 to 200 ml cyst content in fetuses was viscous and light yellowish in color.

Three cases of calves (Case no 3, 4 and 5) were clinically cachectic and anemic. In cases 4 and 5, anorexia and abdominal distention were noted. In case no 5, rumen rupture most probably due to maladministration of stomach tube and septic peritonitis were observed. The peritoneal surfaces especially the adjacent sites to the rupture were covered with scattered fibrinous exudates and the rumen content. The livers in calves were swollen, hard in consistency and dark red in color. In all calves, the cysts were were fluctuant and directed from the main localization to parietal surfaces of the liver. Especially in case no 3, the cysts was attached to the capsule on the diaphragmatic surface, and was outwarded from the surface of the liver (Figure 2). The content of these cysts, 0.5 l in case no 3 and approximately 3 l in case no 4 and 5, was serous and light yellowish to dark red in color.

Histopathologically, dilated blood vessels and sinusoidal congestion were seen in livers of all cases. Focal hemorrhages were also noted in some areas of the liver parenchyma. Hepatocytes located in close approximation to the cysts were atrophic and degenerative. The cyst walls in fetuses were thin and formed in embryonic structure. However, the cyst walls in calves were thick and composed of matured connective tissue which was stained by Masson’s Trichrome. The inner surface of the cysts was generally lined by squamous epithelium, however cuboidal cells were occasionally noted in some areas. In case no 1 and 2, cysts with varying size were also detected in the parenchyma of liver (Figure 3).
In congenital liver cysts, no sexual predisposition has been reported in animals. In the present study, the liver cysts found incidentally during necropsy examination were determined in female fetuses and calves in all cases, which could be considered intriguing. Congenital liver cysts in many species have been reported to be associated with kidney and pancreas cysts (Stebbins et al., 1989; Krotec et al., 1996; Newman et al., 2000). Contrary to previous reports, the cysts seen in this study were localized exclusively in liver. The cysts observed in the calves were much bigger than those of spotted in the fetuses. Presence of larger cystic content in calves might be considered to be due to prolonged fluid accumulation after birth.

The clinical findings of long term lack of appetite and distension and bloating in abdominal regions seen in the calves of present study have not been noted in previous reports (MacLachlan and Cullen, 1995; Jones et al., 1997). Therefore, it would be suggested that congenital liver cysts in animals with aforementioned clinical findings should also be evaluated in addition to primary and secondary tympanis and tumors formed in abdominal cavity.

Congenital serous liver cysts should be distinguished from intrahepatic congenital liver cysts and multiple cysts originating from bile ducts, parasitic cysts and biliary cyst adenomas (MacLachlan and Cullen, 1995; Last et al., 2006; Stalker and Hayes, 2007). In the present study, the serous cysts were differentiated from other congenital cysts in that they were attached to capsule on diaphragmatic surface of liver and did not have biliary pigment (McKenna and Carpenter, 1980; Stebbins et al., 1989; Jones et al., 1997). Moreover, they were separated from biliary cyst adenomas in that they had a tumor related change in cells on the walls of cyst (MacLachlan and Cullen, 1995; Jones et al., 1997; Stalker and Hayes, 2007).

References


Table 1. Information regarding to breed, sex, age and location of cases spotted and the clinical findings (-; no clinical finding)

<table>
<thead>
<tr>
<th>Case No</th>
<th>Breed</th>
<th>Sex</th>
<th>Age</th>
<th>Location</th>
<th>Clinical Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Holstein</td>
<td>Female</td>
<td>6 months-fetus</td>
<td>Kars</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Holstein</td>
<td>Female</td>
<td>7 months-fetus</td>
<td>Aydin</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Holstein</td>
<td>Female</td>
<td>1 month-calf</td>
<td>Aydin</td>
<td>Abdominal distention</td>
</tr>
<tr>
<td>4</td>
<td>Holstein</td>
<td>Female</td>
<td>2 months-calf</td>
<td>Aydin</td>
<td>Abdominal distention</td>
</tr>
<tr>
<td>5</td>
<td>Holstein</td>
<td>Female</td>
<td>3 months-calf</td>
<td>Kars</td>
<td>Abdominal distention</td>
</tr>
</tbody>
</table>