

My understanding:

Charité Hospital in Germany *reluctantly* performs a simple drainage of PLD cysts utilizing ultrasound imaging. They have the patient tell them the areas of pain; which cysts are specifically causing pain; the patient is awake during the procedure. Use of local anesthetic is slightly painful. Charité Hospital does not inject alcohol or anything into the cyst following the drainage. After the procedure, they have the patient lie very still for at least two hours with sandbags in place compressing the drained cyst area. Nurses keep an eagle eye checking the patient for movement and checking vital signs. After two hours the patient is allowed to eat, get up, use the bathroom. The next morning the patient is checked by ultrasound to assure the drained cysts have not refilled and there is no free fluid within the abdomen.

Simple drainage requires: an overnight hospitalization, nurses with an eagle eye temperament, and a patient who can pinpoint precisely the pain causing cysts.

If this was any other disease, I would say it is not possible but with liver cysts, my developed relationship with this group of PLD's (I am such a person) is that we are collectively a very observant group, fully able to pinpoint areas of pain. Some 15 years ago, whenever I got intense liver pain I would pop over to the ultrasound machine next door. The pain source was always one huge very superficial expanding cyst, near the skin surface, about 15 cm in size.

Before doing this procedure rule out Echinococcal cysts.

Echinococcal cysts have thick walls, are septated with stuff inside.
<http://emedicine.medscape.com/article/216432-overview>

PLD liver cysts have a different CT configuration.
http://www.sciencephoto.com/image/253093/530wm/M1300999-Polycystic_Liver_Disease_on_CT-SPL.jpg