Polycystic liver disease is characterized by the growth of more than 10 cysts in the liver, ranging in size from a few millimeters to over 15 cm in diameter. Symptoms usually begin to show in people around 50 years old, as cysts grow in size and number with age [1]. Some people begin to have symptoms in early adulthood and many affected individuals do not have symptoms. The growth and accumulation of cysts can cause enlargement of the liver (hepatomegaly) and compression of adjacent anatomical structures, leading to abdominal pain and discomfort, shortness of breath (dyspnea), indigestion (dyspepsia), gastro-esophageal reflux, and limited mobility [3-6]. More rarely, liver cysts can also compress the bile duct and lead to yellowing of the skin (jaundice). Compression of the blood vessels of the liver by cysts can lead to accumulation of fluid in the abdomen (ascites), bleeding, and high blood pressure in the blood flow from intestines to the liver (portal hypertension) [12-14]. In rare cases, patients can suffer from cyst bleeding (hepatic cyst hemorrhage), or a cyst can be infected by bacteria (hepatic cyst infection), causing pain and fever. Infrequently, large liver cysts may rupture, causing severe abdominal pain. (Van Aerts et al. 2017) Even with the presence of many cysts, the liver of individuals with polycystic liver disease functions normally. Polycystic liver disease affects around one in 100,000 people [1, 2]. Males and females are affected in equal numbers, but most patients with symptoms and with severe disease are women. The suggested cause of this difference is that female sex hormones, such as estrogen, contribute to growth of liver cysts [1, 3, 7, 13, 17, 22]. Oral contraceptives and estrogen replacement therapy are also associated with more severe disease [23-25]. Cysts can begin to grow at any age, but are rare in childhood and more common with age. The age at which symptoms begin to occur varies with individuals, but is usually around 50 years old.