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Dr. Kiransinh Dasharathsinh Chauhan
3rd Year General Surgery
Resident, Dr. M.K. Shah
Medical College and Research
Centre, SMS Multispeciality
Hospital, Gujarat University,
Ahmedabad, Gujarat, India

Dr. Balraj N Solanki
Professor and HOU,
Department of General
Surgery, Dr. M.K. Shah
Medical College and Research
Centre, SMS Multispeciality
Hospital, Gujarat University,
Ahmedabad, Gujarat, India

Dr. Mahendrasinh Dabhi
Dr. M.K. Shah Medical College
and Research Centre, SMS
Multispeciality Hospital,
Gujarat University,
Ahmedabad, Gujarat, India

Dr. Shreyas Solanki
Dr. M.K. Shah Medical College
and Research Centre, SMS
Multispeciality Hospital,
Gujarat University,
Ahmedabad, Gujarat, India

Corresponding Author:
Dr. Kiransinh Dasharathsinh Chauhan
3rd Year General Surgery
Resident, Dr. M.K. Shah
Medical College and Research
Centre, SMS Multispeciality
Hospital, Gujarat University,
Ahmedabad, Gujarat, India

A case presentation of abdominal hydatid cyst in 69 year old male patient

Dr. Kiransinh Dasharathsinh Chauhan, Dr. Balraj N Solanki, Dr. Mahendrasinh Dabhi and Dr. Shreyas Solanki

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Abstract

- Hydatidosis is a parasitic infection caused by the encysted larvae of *Echinococcus granulosus*, commonly called as hydatid cyst.
- Human contracts the disease from dogs, but there is no human to human transmission.
- Most commonly it affects liver (55-70%) followed by lungs (18-35%).
- Approximately 75% of hydatid cysts are located in the right liver and are solitary.

Keywords: Hydatid cyst, right hypochondriac, *Echinococcus*

Introduction

- Hydatid disease is most common in sheep-raising areas, where dogs have access to infected offal.
- Hydatid disease is due to infection by the tapeworm *Echinococcus granulosus* in its larval or cyst stage BPH affects both glandular and connective tissue stroma to variable degrees.
- The tapeworm lives in canids, which are infected by eating the viscera of sheep that contain hydatid cysts.
- The infected ova-containing feces of dogs contaminate grass and farmland, and the ova are ingested by intermediate hosts such as sheep, cattle, pigs, and humans.

Case Report

- Presenting a case of 69 year old male patient presented with chief complain of lump in right hypochondriac region since 5 year which was gradually increasing in size.
- Not associated with fever, vomiting, abdominal pain, constipation or any urinary complain and no any previous operative history.
- On examination a single cystic lump of size 8x7 cm is palpable at right hypochondriac region with no any tenderness.
- USG showed:** Approx 64x62x64 mm sized well defined hypoechoic cystic lesion with multiple thick internal septations noted in right lobe of liver.
- CECT Abdomen-Pelvis Showed:** Approx 85x70x50 mm sized well defined non enhancing fluid attenuation lesion with peripheral areas of calcification and internal small hypodense area (Daughter Cyst) noted in VII segment of right lobe of liver – Hydatid Cyst Likely.
- Surgery:** Laparoscopic removal of cyst done. Intraoperatively 7x7 cm cyst found with surrounding omental adhesion at right lobe of liver.
- Histo-pathological report:** Showed laminated acellular hyaline membrane with fibrofatty tissue confirming hydatid cyst.

Discussion

- The hydatid cysts has three layers: Outer pericyst, middle ectocyst, and inner germinal layer endocyst, where the scolices (larval stage of parasite) and laminated membrane are produced.
- Daughter vesicles (brood capsules), small spheres that contain the protoscolices are formed from the germinal layer.

- The diagnosis of hydatid disease is based on the findings of an enzyme-linked immunosorbent assay (ELISA) for echinococcal antigens, and results are positive in approximately 85% of infected patients.
- On ultrasound they are classified as Cystic lesions, Active cysts, Transitional stage and Inactive stage. CT scan is more accurate in identifying cyst characteristics - Cart wheel like-multivesicular rosette like appearance.
- Mostly patient presents with palpable liver mass. It may be associated with jaundice, pain, features of anaphylaxis, dyspepsia and vomiting.
- Occasionally patient may have splenomegaly, pleural effusion and cholangitis.

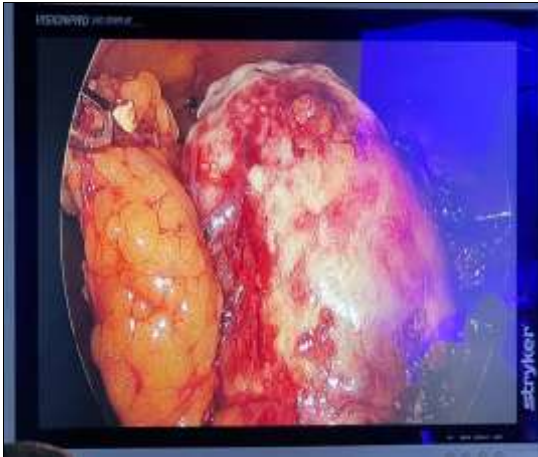


Fig 1: Intraoperative laproscopic finding of hydatid cyst



Fig 2: Postoperative picture of trochar placement

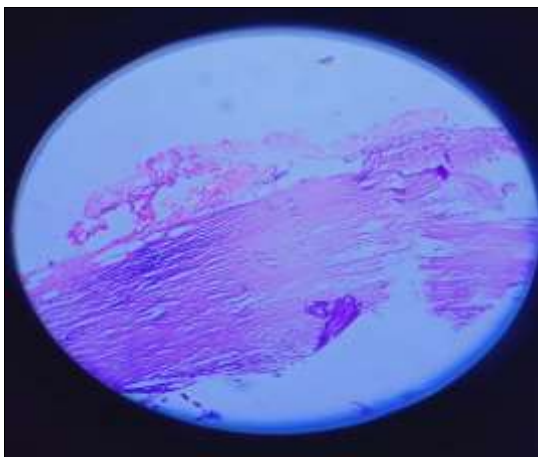


Fig 3: Histology slide of hydatid cyst

Conclusion

- Mainly used drugs are Albendazole, Praziquantel and mebendazole.
- It can be managed by PAIR (Puncture-Aspiration-Injection-Reaspiration) technique done under US/CT guidance under local anaesthesia.
- Surgery is the choice and gold standard therapy for hydatid disease.
- Laparoscopic Pericystectomy is becoming more popular now. Its main problem is spillage and difficulty in preventing it.

Conflict of Interest

Not available

Financial Support

Not available

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