

Massive Hydatid Cysts Involving Multiple Organs

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Background

Hydatid disease is a parasitic infestation that is caused by *Echinococcus granulosus*. The liver is the most frequently involved organ (75%), followed by the lung (15%). The solitary retro-peritoneal localization is extremely rare, and its incidence is unknown. In our patient, the hydatid cyst was located intra-abdomen, retro-peritoneal, retro vesicular wall which makes this an interesting case.

Case

A 60 year old male (Shepard) Mr. Obleshu presented with chief complaints of breathlessness since 15 days not associated with cough. He had abdominal pain since many months which he cannot recall. The pain worsened in the last 15 days. Rest of the organ systems were functioning normal. He was suffering with similar complaints since 10 years and progressed to the present stage. No history of hemoptysis and hematemesis. No history of vomitings and decreased urine output.

Investigations

Routine investigations included CBP: Hb 10.5%

Upper GI Endoscopic findings revealed antral erosions, ulcer with a clear base on the pylorus, oesophagus and duodenum was normal.

Ultrasound abdomen and chest: Liver is enlarged in size, shape and shows normal homogenous echo-texture. Large exophytic heterogeneous lesion 21x12.6x14 cm is noted arising from right lobe extending up to pelvis region with multiple (daughter cysts) cystic area. Lesion are causing compression on other structures with displacement of right kidney posteriorly. Lung shows hypo-echoic cystic lesion 13x11x10 cm in the right lung with hyper-echoic internal echoes. (hydatid cyst with right empyema) Pancreas, gall bladder spleen were normal in size and echotexture. CTscan of chest and abdomen revealed hepatomegaly, multiple well defined

lobulated heterogeneous lesions predominantly hypodense with iso hyperdense peripheral region noted in liver and also extending into the lower abdomen on right side.

Large well defined hypodense lesion with air fluid level noted in right lung extending upto the apical segments of right upper lobe causing compression and displacement of right upper lobe bronchus.

Treatment:

1) Thoracotomy with Decortication

Indications: Right sided empyema, hydatid cyst. Entry through 6th ICS and about 500ml pus is drained out. 6th rib taken out and 2 ICD drains are placed.

2) Pericystectomy of liver hydatid cyst and Marsupialisation of retrovesicular, pelvic cysts and retroperitoneal hydatid cysts.

Indications: Multiple intraperitoneal hydatid cysts, liver hydatid cysts, retroperitoneal cysts, right empyema.

Intra-Op findings

- i) 20x10 cm single retroperitoneal hydatid cyst.
- ii) 16x10 cm liver cyst.
- iii) Small multiple abdominal (intra-peritoneal) cysts.
- iv) 8x6 cm single retro-vesicular hydatid cyst.

Results & Conclusions

Hydatid disease remains a public health problem (endemic) in many districts in Andhra Pradesh. Liver localizations are the most common. Lung hydatid cysts represent 5-8% of the visceral forms of this disease. The hydatid cyst is a life threatening disease having considerable morbidity and mortality. A person who is diagnosed should be treated promptly. The survival of this patient Mr. Obleshu can be considered a great example of how far the boundaries of modern treatment has gone in saving the lives of common people.