

Primary Extrahepatic Retroperitoneally Located Hydatid Cyst, Case Report

Ekstrahepatik Retroperitoneal Yerleşimli Primer Kist Hidatik, Olgu
Sunumu
Genel Cerrahi

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Özet

Kist hidatik hastalığı halen dünyanın birçok bölgesinde endemik olarak görülmekte ve bölgemiz ve ülkemiz için yaygın bir sağlık sorunu olarak önemini korumaktadır. En sık karaciğer ve akciğerde yerleşerek hastalık oluşturur. Kist hidatik, retroperitoneal kitlelerinin ayırıcı tanısında düşünülmesi gereken nadir bir durumdur. Retroperitoneal kist hidatik ile karşılaşıldığında mutlaka başka odak araması yapılmalıdır. Tedavi total veya parsiyel kist eksizyonu ile birlikte kist içeriğinin karın içine bulaştırılmadan çıkarılmasıdır. Bu yazımızda, başka odağı saptanamayan izole primer retroperitoneal yerleşimli kist hidatik olgusu sunulmuştur.

Anahtar kelimeler: hidatik, kist, retroperiton, kitle

Abstract

Hydatid disease is still endemic in many parts of the world and maintains its importance as a common health problem for our region and our country. Hydatid cyst develops most frequently in the liver and lung and causes hydatid disease. Hydatid cyst is a rare condition in the differential diagnosis of retroperitoneal masses. If retroperitoneal hydatid cyst is diagnosed, another focus should be sought. The treatment is the removal of the cyst content in the abdomen with total or partial cyst excision. Herein, we present a case of isolated primary retroperitoneal hydatid cyst without any other organ involvement.

Keywords: hydatid, cyst, retroperiton, mass

Introduction

Hydatid cyst is most commonly seen in the liver and lung, but it can be seen in the spleen, kidney, heart, pericardium, breast, central nervous system and thyroid gland ¹. Hydatid cyst is a parasitic infection caused by *Echinococcus* larvae. Clinical symptoms show variability depending on the size and site of the cyst ²⁻³.

In this case report, we aimed to present primary hydatid disease and its surgical treatment which should be kept in mind in the differential diagnosis of retroperitoneal masses.

Case Report

A 60-year-old male patient was admitted to the general surgery polyclinic with a palpable mass and pain on the right side of the abdomen. From his anamnesis, it was learned that the patient lived in the countryside. He had no history of previous surgery or any other disease. On physical examination, he had a palpable mass filling the right lower quadrant. Computed tomography scan of his right lower quadrant revealed a 9x7 cystic structure displacing the psoas muscle and peripheral calcification (Figure 1).

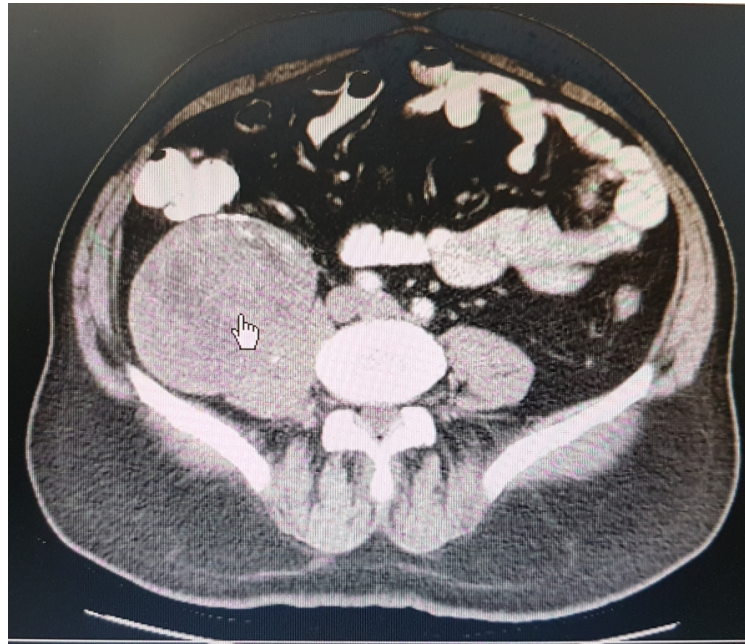


Figure 1

Computed tomography image of the lesion

Preoperative hemagglutination test showed positive results (1/160) for hydatid cyst. Routine biochemical parameters and hemogram result were normal. No other hydatid cysts were detected in systemic examination. Under elective conditions, the patient underwent laparotomy with a right paramedian incision. Intraoperative evaluation revealed that the cyst was adhered to the right colon, abdominal side walls and right urethra (Figure 2).

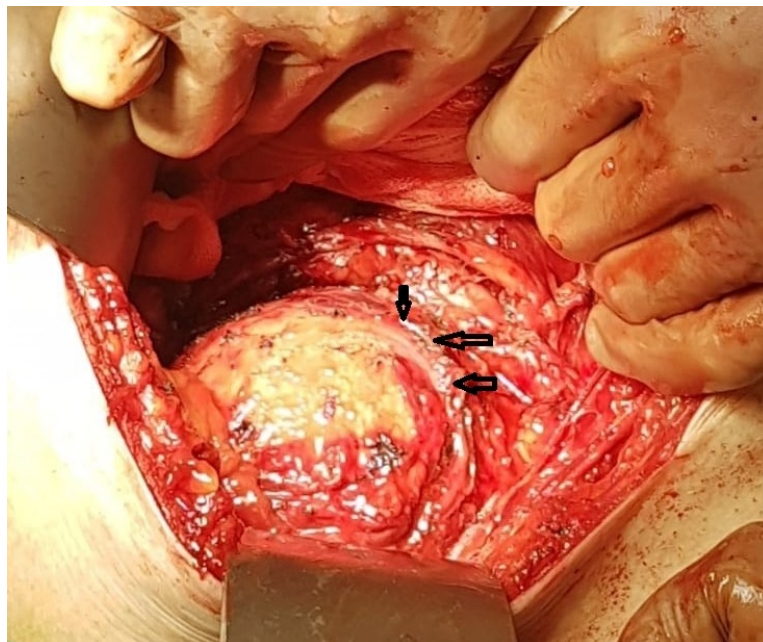


Figure 2

The right ureter which marked at the figure adherent to cystic structure

The cyst was dissected from the surrounding structures by sharp dissections and was totally excised.

A nelaton drain was placed in the area. The drain was removed on the second postoperative day and the patient was discharged without any complication on the third postoperative day. A dosage of 10 mg / kg / day albendazole treatment was started preoperatively.

Case Discussion

Hydatid cyst is a parasitic infection caused by 99% *Echinococcus granulosus* and 1% *Echinococcus multilocularis* ⁴. In the prior studies, the most frequent sites for hydatid cysts have been reported to be 50-70% in the liver, 11-17% in the lungs, 2.4-5.3% in the soft tissues, 0.5-3% in the heart, 5% in the pericardium, 0.5- 4.7% in the muscles and subcutaneous tissues ².

Hydatid cyst is endemic in Asian, Mediterranean, South American and African countries. The prevalence of the disease is increasing in the areas of animal husbandry and where the stray dogs live ^{1,5}. Turkey is one of the places where the disease is seen most commonly. Frequency has been reported to be 1/2000 ²⁻⁵.

Retroperitoneal hydatid cyst is usually caused by spontaneous, traumatic or other organs during hydatid cyst surgery. Primary retroperitoneal hydatid cyst is extremely rare ⁶. Although, the majority of the cases are asymptomatic, they may present with a mass and pain in the abdomen. Because of the pressure on the surrounding structures, especially ureteral obstruction symptoms can be detected during diagnosis.

Clinical history, radiology and serological test results may be helpful in preoperative diagnosis ⁷. Definitive diagnosis is made by surgery and histopathological examination ². Soft tissue tumors, cystic lymphangiomas, retroperitoneal abscesses, pseudocysts and embryonic cysts should be considered in the differential diagnosis of retroperitoneal hydatid cysts ^{8,9}.

Treatment of retroperitoneal cysts is based on total excision or partial excision and drainage. In general, it may be adjacent to surrounding tissues, particularly large vessels. Partial excision of the cyst in order to prevent organ damage is a surgical method that can be selected in such cysts ³.

In conclusion, although, retroperitoneal hydatid cyst is rare, it should be kept in mind in the differential diagnosis of retroperitoneal masses and appropriate preparation should be made in preoperative and intraoperative period.

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