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AUTHORS: Tolga ÖNDER,Volkan ONAY,Turgut ANUK,Sahin KAHRAMANCA

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OLGU SUNUMU / *CASE REPORT*

Seven Years Old Girl with Primary Peritoneal Hidatid Cyst

Yedi Yaşındaki Kız Çocukta Primer Peritoneal Kist Hidatik

Tolga Önder[1], Volkan Onay[2], Turgut Anuk[3], Şahin Kahramanca[4]

[1]Department of General Surgery, Sarıkamış Government Hospital, Kars; [2]Department of Anesthesia and Reanimation, Medline Hospital, Aydın; [3]Department of General Surgery, Kafkas University Medical School, Kars; [4]Department of General Surgery, Kars Government Hospital, Kars

ABSTRACT

Hydatid disease is a parasitic infection caused by ekinococcus at endemic areas. It often locates in liver and lung. Primary peritoneal placement is quite rare. It was detected as a result of the exploration of 7-years-old girl with acute abdominal pain, nausea and fever. Pelvic and peritoneal hydatid disease is quite rare. It often occurs as a result of primary liver cyst perforation through transmission. Especially in endemic areas where the animal husbandry is common, should be considered in the differential diagnosis of patients with intra-abdominal mass and during the operation to prevent transmission and anaphylaxis, must be prepared before the operation.

Key words: *appendisitis; ecinococcus; hidatid cyst; pelvic; peritoneal*

ÖZET

Kist hidatik endemik bölgelerde ekinokoklar tarafından oluşan parazitik bir enfeksiyondur. Sıklıkla karaciğer ve akciğerde yerleşir. Primer peritoneal yerleşimi oldukça enderdir. Acil servise karın ağrısı, bulantı ve ateş şikayetleri ile gelen yedi yaşındaki kız çocukta acil şartlarında yapılan eksplorasyon sonucunda appendektomi sırasında saptanıp çıkarılan kitlenin patolojik incelenmesinde, appendisit ile birlikte kist hidatik saptanmıştır. Pelvik ve peritoneal hidatik kist oldukça nadirdir. Sıklıkla primer karaciğerdeki kistin perforasyonu sonucu oluşan bulaş yoluyla oluşur. Sonuç olarak özellikle hayvancılığın yaygın olduğu endemik bölgelerde batın içi kitle nedeni ile başvuran hastalarda ayırıcı tanıda düşünülmelidir ve operasyon sırasında, perforasyon sonucu oluşabilecek anaflaksi ve bulaşı önlemek için hazırlıklı bir şekilde operasyona girilmelidir.

Anahtar kelimeler: *apandisit; ekinokok; kist hidatik; pelvik periton*

Uzm. Dr. Tolga Önder, Sarıkamış Devlet Hastanesi, Sarıkamış, Kars, Türkiye
Tel. 0474 413 72 67 Email. tlgonder@gmail.com
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Introduction and Objectives

Hydatid cyst disease is a zoonotic enfection that is endemic in Turkey. It often occurs by the ecinococcus granulosus and multilocularis. The parasite can reach any organ in the body where it can form the hidatid cyst[1]. The most commanly effected organs in humans are the livers (55–70%) and lungs (18–35%). Pelvic ecinococcosis is quite rare (0.2–2.25%)[2,3].

Although there is no spesific radiological imaging findings, calsification on the cyst wall or membrane seperation can be found. Serological tests are helpfull for the diagnosis but reliability is not 100%[4].

Primary peritoneal placement is quite rare. It was reported that only the 2% of the intraabdominal hidatid cysts are primary peritoneal hidatid-cysts[5]. It is presented that the pelvic hidatid cyst with 7-years-old girl who came to the emergency service with acute abdominal pain.

Case

Seven years old girl came to the emergency service with acute abdominal pain, nausea and fever. During the physical examination, the pain was located at the suprapubic and right lower quadran. Rebound tenderness was positive. Also there was a mass located suprapubic and it's diameter was appoximetely 10 cm.

As a result of the laboratory tests, white blood cells were 17,000. There was not any pathology at the urinalysis. At the abdominal ultrasonography, 12×10 cm cystic lesion was founded. Appendix was inflamed and had a 7 mm diameter.

With these findings, patient was operated under emergency conditions.

The operation was begun with the median incision. At the exploration, approximetely 10×10 cm mass found

Figure 1. *Intraoperational image of the mass.*

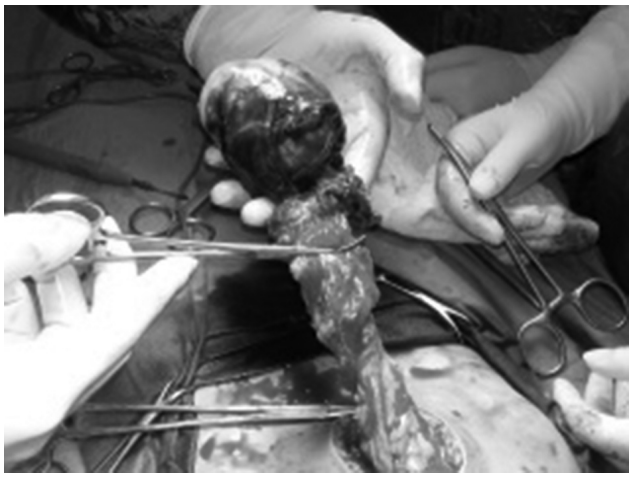

Figure 2. *Intraoperational image of the mass.*

that was adherent to the superior of urinary bladder and omentum, The mass had a thick wall. The appendix was retrocecal located and inflamed. There was not any pathological findings athe liver and spleen.

The mass was excised as unblock with the partial omentectomy (Fig. 1 and 2). Appendectomy was performed. The abdomen was closured after the hemostasis.

Intravenous hydration and antibiotherapy was provided in the postoperative period. Postoperative 2th day, hydration and antibitotics were stoped.

As a result of the pathological examination, appendisitis were defined and the mass was defined as a hidatid cyst.

Discussion and Conclusion

Hydatid disease is a parasitic infection caused by ecinococcus at endemic areas. Infection is endemic especially in the areas where the animal husbandry is common. It often locates at the liver and lung. Pelvic and peritoneal disease is quite rare. It often occurs as a result of primary liver cyst perforation through transmission[6].

Cyst grows slowly and according to the placement, it is usually asymptomatic until it reaches a large size. In our case, patient came to the emergency service with the abdominal findings of the acute appendisitis and the mass was found randomly.

Pelvic and peritoneal placement of the hidatid cyst is usually caused by the seconder infection of the primer cyst. But in our case we could not find the primer disease so we thought primer peritoneal placement. *E.granulosus* embryos passes into the portohepatic circulation and reach to the retroperitoneal lenf nodes or emryos settle directly into the gastrointestinal tract lenf nodes and disease occurs[7].

As a result pelvic and primer peritoneal hidatid desease is rare. But especially in endemic areas where the animal husbandry is common, should be considered in the differential diagnosis of patients with intra abdominal mass and during the operation to prevent transmission and anaphylaxis, must be prepared before the operation.

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