TWO CASES OF HYDATID CYSTS OF THE PELVIS

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A detailed account of hydatid cysts of the pelvis, their pathology and clinical features has been given by Briant Evans. Embrey made a careful study of this condition in relation to pregnancy and parturition and reported two cases where definite obstruction to labour had been produced by hydatid cysts in the pelvis, both patients being delivered by caesarean section. Andrews recorded a case in which the diagnosis of pelvic hydatid was made prior to the onset of labour as the patient had had a cyst removed from the abdomen four and half years previously. The cyst was drained by posterior colpotomy and the patient had a normal labour and puerperium. Blair Bell reported a case where a craniotomy was done and the cyst removed by operation during a subsequent pregnancy. In the same paper he refers to Schauta's collection of cases reported in three papers published in 1902. The first dealt with dystocia due to hydatid cysts in the pelvis, of which he could find thirty-six recorded instances, including the earliest which was described by Meyer in 1794. In the second paper, twenty-two cases are reported where operation for removal of the tumour was performed during pregnancy. The third paper describes the influence of pregnancy, parturition and puerperium on hydatid cysts.

It is considered that most cases of hydatid disease in the pelvis are manifestations of secondary echinococcosis following slight leakage or rupture of a primary cyst in the liver or rarely in the spleen or kidney. Physical signs are indistinguishable from those of ovarian or broad ligament cysts. Accurate diagnosis is possible if relevant history or operation findings are available, as in one of the cases reported here. Suggestive findings may be obtained by blood count, Casoni's test or precipitin test, X-rays, etc.

Two cases of hydatid cysts of the pelvis are reported in this paper.

Case I.

A fourth gravida, age 28, was admitted to hospital with the history of having been in labour for eight hours. The three previous labours were normal and at full term, the last delivery being four years ago. She gave a history of having had two abdominal operations in the same hospital. At the first operation three years ago hydatid cysts from both broad ligaments and omentum had been removed and one of

the cysts was reported to have ruptured during removal. No mention was made about the condition of the liver at this operation. The patient was admitted a year later with an enlargement of the liver four fingers below the costal margin. The abdomen was opened again and multiple cysts were noted in the liver, but no mention was made this time about any cyst in the pelvis. On examination the general condition was satisfactory and abdominal palpation revealed a full term pregnancy with the foetus in the fourth vertex position. The head was not engaged and the foetal heart sounds were normal. The liver was palpable two fingers below the costal margin. On vaginal examination there was a large irregular cystic mass filling the pelvis and the cervix was fully dilated. A diagnosis of pelvic hydatid cysts obstructing labour was made and the patient delivered by a lower segment caesarean section. On exploration it was found that there were cysts in the left broad ligament, the recto-uterine pouch, and the inferior surface of the liver. The contents of the cysts were evacuated after injecting 10% formalin and as much of the cyst walls as possible removed. Sterilisation was done at the patient's request. The post-operative period was uneventful.

Case No. II.

D. aged 40 years, was admitted with the complaint of a painful lump in the abdomen of 5 years' duration. She had two full-term normal deliveries, the second one being ten years ago. The menstrual periods since the last 5 years were regular but profuse and accompanied by severe premenstrual and menstrual pain. The general condition was good and no abnormal physical signs were noted except in the abdomen, which looked uniformly distended. A vague ill-defined mass was palpable extending to the umbilicus. The tumour was neither mobile nor tender, was cystic in consistency and dull on percussion. There was no free fluid in the peritoneal cavity. On vaginal examination the uterus was of normal size, but its mobility was greatly restricted. An irregular, cystic mass was felt in the right and posterior fornix. A provisional diagnosis of ovarian cyst, ? endometriosis was made. The blood and urine examinations revealed no abnormalities. At laparotomy, it was found that there were multiple small cysts in the pelvis and one very large cyst arising from the lower pole of the spleen. The uterus and the appendages were normal. The cysts in the pelvis were all removed intact, but the cyst from the spleen had to be partially evacuated before removal and a small portion of the cyst wall left behind. All cysts, on examination, proved to be hydatids. The liver was found to be normal on careful palpation. The postoperative period was uneventful.

In both cases there was no history of close contact with dogs.

Summary

1. A resume of available literature on hydatid cysts of the pelvis is given particularly in relation to pregnancy and parturition.

2. Two cases of hydatid cysts of the pelvis are reported. (a) One where obstruction to labour was produced and where the primary cyst was possibly in the liver. (b) One where the diagnosis was made at laparotomy, the patient presenting clinical features of an ovarian cyst, the primary cyst in this case being in the spleen.

References

1. Andrews, H. R.: J. of Obst. & Gyn, B. E.; 14, 333, 1908.
2. Bell, B.: Ibid; 32, 114, 1925.
3. Embrey, M. P.: B. M. J.; 2, 1201, 1938.
4. Evans, B.: J. of Obst. & Gyn. B. E.; 47, 191, 1940.
5. Shauta, J.: (quoted by B. Bell) Ann. de Gyn. et Obst.; 7, 165, 296, 420, 1902.