HYDATID OF SPLEEN SIMULATING OVARIAN CYST

(A Case Report)

by

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A splenic cyst is an uncommon condition even in the surgical department and although the parasitic cyst is twice as common as the non-parasitic variety, little has been written about it in literature. The standard text-books give it a scant mention. Forde saw only 8 cases in Bellevue Hospital between 1904-1940 and, in collective review, only 50 cases are recorded as analysed by Mills. Out of these 17 are mentioned as historical. Fowler, however, collected 191 cases in 1921. Therefore, the following case is of interest in as much as the patient came as an emergency admission to the gynaecological department with an appearance closely resembling a large ovarian cyst, and in fact a pre-operative diagnosis of ovarian cyst with haemorrhage was made on her, the real nature of the tumour being known only at laparotomy.

Case Report

M. B. aged 43 Hindu, resident of Gorakhpur, was admitted to the hospital on 8th August 1962, with acute pain in the abdomen for two days. She stated that she was aware of increaseing girth of the abdomen for about six months which was accompanied by dull aching pain. Five years ago the patient was admitted to the surgical unit with colicky pain and a lump in the right iliac fossa and was advised laparotomy which she refused. An enlarged spleen-just below the costal margin—was noticed then. No history of contact with dog or sheep was obtained.

The patient had six normal deliveries, the last being eleven years ago. Her periods had been regular with scanty flow.

On examination, the patient was restless and groaning with severe pain in the abdomen, but had no sign of respiratory distress. Her temperature was normal, pulse 120/min. and B.P. 110/80. Abdomen was grossly distended-distension being more marked in the midline. A cystic mass was palpable extending from symphysis pubis to xyphisternum. It was very tender on the whole of the left side, was movable from side to side but not from above downwards. Free fluid and shifting dullness could not be elicited.

On vaginal examination, cervix was directed backwards, uterus was in mid-position and of normal size and consistency. In the right fornix a cyst of the size of a cocoanut was felt. Mass in the abdomen was felt above the uterus.

A probable diagnosis of bilatral ovarian cysts — small one on the right side and a large one filling the abdomen on the left side-with haemorrhage in the left cyst was made. As the patient was in distress due to severe pain it was decided to under-take immediate laparotomy.

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Laparotomy was performed by a right paramedian incision which extended from pubic symphysis to xyphisternum. A huge tumor occupying the whole of the abdominal cavity was seen on opening the peritoneum. The tumour was densely adherent posteriorly to mesentery and bowels and the omentum. Adhesions were separated and the tumour was found to be arising from the whole of the inferior surface of the spleen. Hence splenectomy was performed, Further exploration of the abdominal cavity revealed no pathology in liver, kidneys or intestines, but there were bilateral ovarian tumours which were freely mobile and easily removed. Patient stood the operation well and made an uncomplicated recovery.

The specimens consisted of a tumour 12″ x 10″ and with a circumference of 30″, attached to the lower surface of the spleen. It weighed 54 lbs. On cutting open, the tumour was full of hydatid cysts. Both the ovarian tumours were dermoids. (Fig. 1).

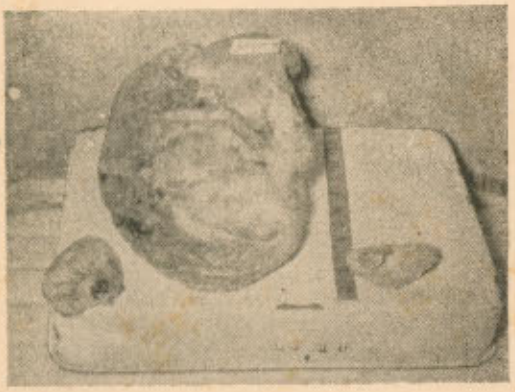

Fig. 1.

Discussion

A cyst of the spleen hardly enters into the differential diagnosis of ovarian tumours. The cysts are normally small and confined to left hypochondrium. If large, the lower end does not extend into pelvis. Radiography may show left side of diaphragm high and immobile and colon and kidney pushed down.

These cysts are rapidly growing and are known to have grown to a substantial size within six months as proved by previous laparotomy.

Spleen is an infrequent site for hydatid, as liver filters 75% of the cysts and lungs 1%. Spleen may be affected when the infiltration is in general circulation or directly through gastric wall or from rectum to general circulation through haemorrhoidal veins.

Our interest lies in differentiating it from ovarian cyst. Huge ovarian cysts fill the entire peritoneal cavity and may burrow under the diaphragm also. Ovarian cysts generally, but not invariably, arise from the pelvis and this may be a useful diagnostic point. The important thing is to keep the possibility in mind.

The best treatment is splenectomy. Marsupialization leads to persistent fistula and amyloid disease.

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(1) A case of hydatid cyst of spleen occupying the whole of peritoneal cavity is recorded.

(2) Points in differentiating it from ovarian cyst are stressed.

(3) Splenectomy is considered the treatment of choice.

Summary

hospital records and allowing us to publish this case. We also wish to thank our surgical colleague, Dr. O. P. Taneja, for his help and assistance and we are obliged to Dr. S. T. Tandon and the nursing staff for helping us in the management of the patient.

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