

A CASE OF HYDATID CYST OF THE BROAD LEGAMENT

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A gynaecologist sees a hydatid cyst very rarely, as hydatid disease of the female genital organs is extremely uncommon. According to Craig hydatid disease involves the genital organs only in 0.3% of cases. The present case is the only one of hydatid cyst that has been admitted to the gynaecological department of this hospital although no less than 120 cases of hydatid disease have been admitted to the other departments.

Case Report

Patient D. 60 years of age, vegetarian, Hindu, housewife, of village Gahni district Hissar, was admitted to the gynaecological ward of the hospital, Patiala, on 31st August 1961, complaining of a swelling which had been steadily increasing. She had menopause 20 years ago. She gave birth to 10 full-term normal children, last child 30 years old. On examination abdominal wall was lax, spleen and liver not palpable. A mass was felt in the lower abdomen arising from the pelvis and extending almost up to the umbilicus. The mass was lying more to the right of the mid-line, partly cystic and partly solid and surface felt irregular. Mobility of the mass was restricted. No other mass was felt. There was no ascites. On vaginal examination body of the uterus could not be clearly defined separately from the mass. Mass felt through anterior and right fornices, extending into the abdomen up to the umbilicus. The mass was partly cystic, partly solid. Mobility of the mass was restricted.

No nodules were felt in the pouch of Douglas.

A provisional diagnosis of malignant ovarian tumour was made and the patient was posted for laparotomy on 5-9-63.

Operation

Abdomen was opened by mid-line sub-umbilical incision. A cyst about 8" by 6" presented. It was firmly adherent to the pelvic walls and it could not be dislodged. Enucleation was tried but the cyst wall gave way over a small area during enucleation and it was found to be a large hydatid cyst of the right broad ligament, with numerous daughter cysts in its cavity.

Uterus, left tube and ovary were lying separate. Right tube and ovary were buried in adhesions. Fluid from the cavity was aspirated and 50 cc. of 10% formaline was injected into the cyst cavity. The formaline was removed along with the daughter cysts after 10 minutes. The cyst cavity was marsupialized. Post-operatively cyst cavity was dressed daily. The cyst

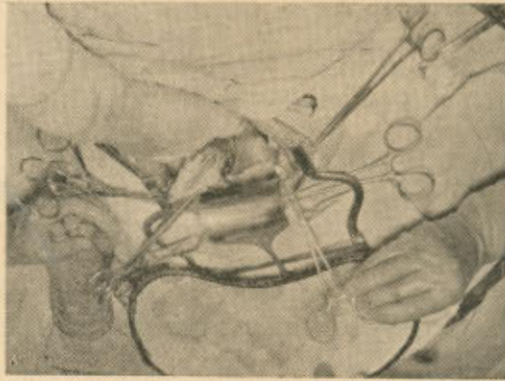


Fig. 1

Kidney tray on top showing daughter cysts sac wall held up with Allis's forceps.

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Fig. 2

Cyst wall clearly held up with Allis's forceps.

wall sloughed and was removed entire after a few days. The patient was discharged well on 26-10-62.

The interesting features of this case are:

1. *Unusual site:* According to Ciarg, hydatid disease occurs commonly in the liver or lungs. It affects the female pelvic organs only in 0.3% of the cases. There are very few case reports in the literature of hydatid disease of the female genital organs.

2. *Unusual Size:* Hydatid cysts when detected are usually not very large. The hydatid cyst in the present case filled the pelvis and lower half of the abdomen. This large size was obtained because of situation of this cyst in a structure that allowed for considerable amount of expansion without giving rise to many symptoms.

3. *Absence of Symptoms:* The chief symptoms of a hydatid cyst are

due to pressure and toxicity. Pressure symptoms were absent, as broad ligament has plenty of room for expansion. Toxicity also was not noticed because of its situation in innocuous structure.

4. *The Unusual Age:* Hydatid disease is said to occur between the age of 10 to 15 years, being commonest in the middle decade. Perhaps the tumour had been present for a long time and went unnoticed because of its situation in the broad ligament.

5. Marsupialization was done rather than excision of the cyst as the cyst wall was very closely related to large pelvic vessels and the ureter.

6. This patient belonged to Hissar District. On going through the record of hydatid disease that has come to our hospital I noticed that a good percentage had come from Hissar district.

Summary

A case of hydatid cyst in broad ligament is presented.

References

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