HYDATID CYSTS IN GYNAECOLOGY AND OBSTETRICS

(Report of 9 Cases)

by

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Hydatid cysts and cystecercosis are rarely encountered in gynaecologic and obstetric practice. Taub and P. K. Devi, each reported one case of obstructed labour due to pelvic hydatid cyst. In 1934 Ruiz found that out of 165 published cases, from 1892 to 1934, 101 (60%) were in the female pelvis and genital organs. Sarojini stated that only 2 cases were reported in India since 1934 and recorded one case of pelvic hydatid cyst, diagnosed preoperatively as fibroid of uterus.

Pelvic hydatid cysts are usually secondary to primary lesion—viscero-abdominal—in liver. A few primary pelvic hydatid cysts may be found by blood stream spread via duodenum, inferior vena cava, avoiding liver and arising from connective tissue in the broad ligament, as some cases are reported. K. D. Chaterjee recorded 2% incidence of hydatid cysts in the pelvic organs and 70% in the liver. In Guntur Medical College, out of 27 cases of hydatid cysts, 2 were in the pelvis and 11 in the liver. In Kurnool Medical College 9 cases were met with, in the department of Obstetrics and Gynaecology of which 3 cases had hydatid cyst in the pelvis, 3 in the abdominal cavity, 1 in the abdominal wall, 1 in the brain.

The symptoms noticed were:— mass in the abdomen 8 cases, pain in the abdomen 1, bleeding per vaginam 1, vomiting 2, and convulsion — 2 cases. The duration of symptoms varied from 6 months to 4 years, the commonest being 2 years. The mass in the abdomen was 20 to 24 weeks' size of pregnancy, and one case was mistaken for ascites, due to its size, occupying the whole abdomen, its softness and fluid thrill. The ages of the patients were less than 30 years in 5 and over 40 years in 4, the minimum age being 14 and maximum 60 years. Three cases had multiple hydatid cysts—in one case in the pelvis, hypochondrial, omental and right iliac regions. In the second case there were 4 cerebral, 1 cerebellar, 2 in each kidney, 1 in spleen and 1 in the wall of the left ventricle. In the third case multiple cysts in the peritoneum, liver, greater omentum and in the right broad ligament were found.

The diagnosis was usually made at laparotomy, the clinical signs being variable and Casoni's test was positive in 1 and negative in 2 suspected cases. Investigations helpful in the diagnosis are:— history of disease or liver cyst,

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Received for publication on 27-7-65.

eosinophilia, complement fixation test, and calcification of cyst wall by x-ray of lungs and other sites. The hydatid cysts may be mistaken by their clinical features for ovarian cysts, fibroids of uterus, tubo-ovarian masses or parovarian cysts due to variable consistency and mobility. In the present series the preoperative diagnosis was ovarian cyst in 5 cases, fibroid uterus in 1, cyst of abdominal wall 1, and epilepsy in 2; a huge cyst was suspected by the physician to be ascites. One of the suspected epileptic cases had convulsions in the second trimester of pregnancy and the other had intra and post-partum convulsions, and both were fatal; the diagnosis was made at post-mortem examination.

The treatment varied from marsupialisation in 3 cases, total excision in 2 to partial excision and subtotal hysterectomy in 2 cases, and medical — anticonvulsive-therapy in 2 fatal cases. The third death occurred in a young girl after excision and formalin injection, from anaphylactic shock, two days after operation.

Table I shows the clinical features of the cases.

The case notes of three fatal cases are given below:—

CASE NO. 1

Mrs. V., aged 40 years, third para, was delivered on 3-4-64 elsewhere naturally. She was admitted with h'story of fits since 20 hours during and after labour. Since 2½

TABLE I

	Age	Sites	Symptoms	Diagnosis	Treatment
(1)	21 years	Douglas's pouch	Mass P. A. 20 weeks	Ovarian cyst	Marsuspialisation
(2)	20 years	Right broad ligament	Mass P. A. 20 weeks' pain	—do—	Partial excision
(3)	60 years	Broad ligament and Douglas's pouch	Mass 24 weeks P.A.	Fibroid uterus	Sub-total hysterectomy and excision
(4)	45 years	Upper abdomen	Vomiting. Mass 20 weeks	Ovarian cyst	Marsuspialisation
(5)	25 years	Abdominal wall	4″/4″	Cyst	Excision
(6)	20 years	Multiple — brain, kidney, heart	Coma, fits. A.N.	Epilepsy	Medical. Died
(7)	40 years	Brain — cysteercosis	Fits. Ap + IP	„	—do—
(8)	40 years	Right iliac fossa	Mass P. A. 5″/4″	Mesenteric cyst	Excision
(9)	14 years	Multiple — abdomen, broad ligament, liver	Mass P. A. vomiting	Cysts abdomen— ovarian cysts	Partial excision died

years she was having epileptiform fits once in 3 or 4 months, two to three per day. On admission she was comatose with temperature 104°F and right-sided hemiplegia (palsy). She expired 2 days later on 5-4-64 inspite of anticonvulsive therapy. Postmortem examination revealed cysteercosis of brain. The antemortem diagnosis was epilepsy, in view of past history.

CASE NO. 2

Mrs. L. was admitted on 11-5-63 with history of 6 months' amenorrhoea and 5 to 6 convulsions per day since 1 week. She was a primigravida, aged 20 years, and the uterus was 26 weeks' size of pregnancy. Headache and oedema of the body were present since 1 week. On examination she was comatose with blood pressure 110/70, slight neck rigidity and paresis of right upper limb. Epilepsy was diagnosed in view of history of fits in childhood at 3 months' age. Fundus examination of eye revealed flame—shaped haemorrhage and venous engorgement. In spite of therapy she died 3 days later. Postmortem examination showed hydatid cyst in left cerebral hemisphere 4, on the right hemisphere 1, in right cerebellum 1, in the spleen 1, in the wall of left ventricle 1, and in each kidney 2.

CASE NO. 3

Miss P., aged 14 years, unmarried was admitted in the surgical ward on 26-5-65 with complaints of nodular mass in the lower abdomen since 2 years and vomiting since 2 months. On examination multiple cystic mobile tumours were found in the abdomen on both sides below the umbilicus, and in all fornices with limited mobility; —bilateral ovarian cysts were suspected. Casoni's test was negative. During laparotomy multiple hydatid cysts on the peritoeal surface, in the mesentery, greater omentum, liver and in the right broad ligament were noticed. Excision of cysts after formalin injection was done and profund anaphylactic shock set in. She expired 36 hours later.

Comments & Conclusions

Eight cases of hydatid cysts and 1 of cystecercosis of brain were recorded at Government General Hospital, Kurnool, during the period 1960-65 June. One case of huge giant sized cyst was treated by me at Government General Hospital, Guntur, in 1961. Three cases had pelvic hydatid cysts — in relation to broad ligament and attached to body of uterus. In 2 fatal cases the presenting symptom was epileptiform convulsions with coma. In 2 cases the hydatids were pelvic and abdominal in location and multiple. In one of these it occupied the whole of the abdomen, simulating ascites, and was mistaken for ovarian cyst. Hydatid cyst may be suspected during laparotomy when dense adhesions are found between the peritoneum and the cyst wall. Casoni's test and others were not helpful in arriving at a diagnosis of this condition. It has also to be kept in mind in the differential diagnosis of epileptiform fits during pregnancy and labour.

Acknowledgments

I wish to thank the Superintendent, Government General Hospital, Kurnool, for permission to report the cases and Dr. P. S. Chary for permission to report case No. 3.

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