

ECTOPIC SPLENIC ECCHINOCOCCAL CYST

(A Case Report)

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Introduction

Congenital anomalies of the spleen are rare. The only two types recorded are lobulation and congenital absence of the spleen; congenital factors may play a major role in abnormal positions of the spleen. Accessory spleens occur in from 18 to 30% of the population. There are probably a larger number in the embryo which undergo involution and disappear after birth.

CASE REPORT:

Smt. S. age 20 years, was admitted on 30th September 66, in Gynaecological Ward of S.N. Hospital, Agra, with the complaints of dragging pain and heaviness in the lower abdomen for three years, lump in abdomen for 3 years and pain in abdomen off and on for four years.

She had been married for one year and had no issue. Her menstrual cycles were regular, with no history of dysmenorrhoea; her last menstrual period was 26 days ago. Her general condition was good. She was slightly anaemic, her pulse and blood pressure were within normal limits.

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Her abdominal examination revealed an intra-abdominal mass 4" x 3½" in size, mobile, cystic in consistency with well-defined margins situated in the suprapubic region; it was dull on percussion. On vaginal examination uterus was retroverted and normal in size; the cystic suprapubic mass seemed to be attached by a pedicle; fornices were clear.

Investigation of blood revealed Hb-13 gm%, R.B.C. count 4.8 mill/cmm., W.B.C. 11,200/cm. P 68, L 20. General blood picture was normocytic normochromic in type.

Laparotomy was done by right paramedian incision. A movable spleen was found lying at the brim of the pelvis. The spleen was not enlarged, but near its phrenic pole a cyst was found lying in the substance of spleen with the diameter of 2½ inches containing serous fluid. Splenectomy was done. Microscopically it was diagnosed to be a taenia ecchinococcal cyst. The patient had an uneventful recovery.

Discussion

In the large majority of cases where splenectomy may have to be attempted the spleen is usually abnormally large and mobile. The abnormal mobility is usually developed gradually with the elongation of the ligaments and the surgical fold called the anatomical sandwich.

Occasionally splenic displacements due to ligamentous elongation are

seen in children (Babcocks 1961).

Ecchinococcal infection is a world-wide disease but is stated to be more common in temperate climates. Briant Evans (1940) has given a detailed account of hydatid cyst of the pelvis.

In India the maximum incidence of disease appears to be in the Punjab. By far the most common organ involved is the liver. Chatterji (1962) recorded 2% incidence of hydatid cyst in the pelvic organs and 60% in the liver. Taub and Devi each have reported a case of pelvic hydatid cyst causing obstruction in labour. Sarojini refers to only 2 recorded cases from 1934 and has added one of her own, which was diagnosed as a fibroid before laparotomy. Chandra (1964) and Narayan Rao (1965) have reported 2% involvement of the spleen. The cysts were large, multilocular, lined with ecchinococcal membrane and an inner layer consisting of larval scolices.

Mobility of the spleen changes the anatomical situation and the feel of the cyst. The two combined produce changed symptoms and signs like epigastric pain, nausea, vomiting; the feel and position lead to mistaken diagnosis of pelvic pathology. It is, therefore, of clinical importance to

remember that one occasionally may be faced with such a mistaken diagnosis.

Summary

A case of ectopic spleen in a nullipara 20 years of age with a large single ecchinococcal cyst has been reported. The symptoms and signs very much resemble those of a dermoid. The diagnosis of the cyst was made at laparotomy and splenectomy was done.

References

1. Babcock's Principles and Practice of Surgery edited by Karl, C. Jonas. ed. 2, 1961.
2. Briant, Evans: J. Obst. & Gynec. Brit. Emp. 47: 191, 1940.
3. Chatterji, K. D.: Human Parasite and Parasitic Disease, Calcutta 1962.
4. Devi P. K.: J. Obst. & Gynec. India, 6: 203, 1955.
5. Narayana Rao, A. V.: J. Obst. & Gynec. India, 15: 653, 1965.
6. Prem Chandra S.: J. Obst. & Gynec. India, 14: 530, 1964.
7. Sarojini, A. J.: J. Obst. & Gynec. India, 12: 4, 1962.
8. Taub, J.: J. Obst. & Gynec. Brit. Comm. 62: 114, 1960.