

HYDATID CYST OF UTERUS

(Case Report)

by

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Hydatid infestation of the female genital tract is a rare occurrence and comprises about 3% of the cases of hydatidosis. Chatterji (1962) has recorded a 2% incidence of hydatid cyst in the pelvic organs. Going through the literature we came across very few reports of hydatidosis of the uterus. Devi (1965) reported a case of hydatid cyst of the uterus, acting as a cause of obstruction to labour, Sarojini (1962) has reported a case diagnosed as fibroid. Recently, Parikh & Parikh (1966) reported two cases of hydatid cyst in relation to uterus. Besides this a few cases of 'Pelvic Hydatid cysts' have been described by Narayanrao (1965). The rarity of the condition in the uterus prompted us to report this case.

Case Report

A Christian woman aged 40 years was admitted with the complaints of a lump in the lower abdomen, gradually increasing in size for the last one year. Dysmenorrhœa and backache were present.

On examination a firm, partly mobile mass was felt in the suprapubic region up

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to the umbilicus. On vaginal examination it was found to be in connection with the uterus. It was diagnosed as a fibroid of the uterus.

At operation the uterus was enlarged and cystic and while hooking the fundus fluid drained from it. Total hysterectomy with left salpingo-oophorectomy was done. Post-operative period was uncomplicated and patient was discharged on the 10th day of operation.

On gross examination, the specimen was an enlarged pear-shaped uterus measuring 13 x 12 x 5 cms. On sectioning, it revealed an irregular cavity 73 x 55 mm. in the thickened myometrium. It was filled with a soft somewhat gelatinous and friable translucent folded membrane not adherent to the cavity wall (photograph). The cavity had a dense white lining 1-2 mm. thick with smooth surface. The myometrium about it was hypertrophied, and the endometrial cavity was small and pushed to one side.

No daughter cysts were found in the cavity. Liver and spleen were not palpable per abdomen and were found grossly normal at the time of operation. No other organs were involved.

Microscopic examination of the sections showed the myometrial cyst walled by dense hyalinised fibrous tissue, without inflammation or epithelium. The membrane lining the inside of the cyst was laminated, acellular, hyaline material with an inner germinal membrane, typical of 'Echinococcus cyst'. The contained fluid was full of scolices. The surrounding myometrium revealed hypertrophy with occasional scolices in the venous spaces.

Discussion

On reviewing cases of hydatid cyst of the pelvic organs in only 6 cases was the uterus the site. The patients were admitted with the clinical picture of, either a fibroid of uterus or obstructed labour. The condition is generally diagnosed only at operation and can be confirmed on the spot by gross examination and microscopic examination of the fluid for scolices.

In this case the cyst was completely embedded in the myometrium, so it seems to be a primary cyst. The route of spread in such cases is thought to be by blood stream from duodenum to inferior vena cava and general circulation by passing the liver.

Summary

A case of hydatid cyst of uterus is reported, which is a rare condition. The preliminary diagnosis was fibroid uterus. At operation accidentally fluid was drained from it. The gross and microscopic examination of the specimen confirmed the diagnosis.

References

1. Chatterji, K. D.: Human Parasites & Parasitic Diseases-Calcutta, 1962.
2. Devi, P. K.: J. Obst. & Gynec. India. 6: 263, 1955.
3. Narayan Rao, A. V.: J. Obst. & Gynec. India. 15: 653, 1965.
4. Sarojini, A. J.: J. Obst. & Gynec. India. 12: 4, 1962.
5. Parikh K. S. and Parikh, S. R.: J. Obst. & Gynec. India. 16: 733, 1966.

Fig. on Art Paper IX