

# HYDATID CYST OF OVARY

## (A Case Report)

by

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### Introduction

Hydatid disease, a universally present parasitic infestation is not uncommon in India. Liver acting as the first filter is most commonly involved viz. in 70 per cent cases. Other common sites affected are lungs (10 per cent), subcutaneous tissue and muscle (12 per cent) and brain (5 per cent) (Chatterjee, 1952). Reproductive system is a rare site for hydatid cyst. A case of hydatid cyst in the ovary, the first case of its type in Himachal Pradesh, is reported here.

### CASE REPORT

R.K., a 7 year old female child was admitted to Snowdon Hospital, Simla on 13.9.1974. She gave history of noticing a painless lump in lower abdomen, which was gradually increasing for the last two months.

Physical examination revealed an average built but short statured child. General examination did not reveal anything significant. Heart and lungs were normal. On abdominal examination, a rounded freely mobile intra-abdominal lump about 10 cms. in diameter could be felt in the left infraumbilical region. The mass was

dull on percussion and silent on auscultation.

Haemoglobin was 11.5 gm. per cent, total leucocyte count was 5450 per cmm. and erythrocyte sedimentation rate was 20 mm. after first hour (Westergren). Urine and stool examinations did not show any abnormality. X-Ray chest and plain X-Ray of abdomen were normal. A clinical diagnosis of left ovarian cyst or mesenteric cyst was made.

Exploratory laparotomy was undertaken and the left ovary was found to be replaced by a 10 cm rounded cystic structure which was easily shelled out. Right ovary, uterus and fallopian tubes were normal. Liver spleen, kidneys and intestines were all normal. Patient had an uneventful recovery and is now asymptomatic.

On gross examination, the specimen was found to consist of an ovoid cystic structure with a diameter of 7.5 cms. The external surface of the cyst had translucent appearance with fine congested vessels. On opening the cyst 15 mls. of serous fluid came out. The wall of the cyst was about 0.5 cm in thickness and the internal surface was shiny and glistening. The lumen contained another distended cystic structure, the wall of which was friable and resembled the white of a hard boiled egg. Grossly it was presumed to be hydatid cyst filled with hydatid fluid (Fig. 1).

Microsection from the outer cyst revealed compressed ovarian tissue stroma and inner cyst was confirmed to be the hydatid cyst wall (Figs. 2 & 3).

### Discussion

The incidence of female genital tract hydatidosis is less than 2%. The organs

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involved in order of frequency are ovary (Rao, 1965) and uterus (Parikh and Parikh, 1966). In the largest series of 110 cases of hydatid disease in different organs published from Kurnool Medical College, Andhra Pradesh by Reddy *et al* (1974) over a period of 13 years only one case was seen in ovary and similarly in a series of 80 cases published from Jamnagar, Saurashtra by Upadhyay and Rai (1974) only one case was seen in the ovary.

According to Barnett and Thomas (1952) the predilection of hydatid disease is more between 11-40 years. Youngest patient reported by Reddy *et al* (1972) was a child of 8 years in whom the disease involved the liver. Our case is the youngest reported in literature more so, as far as female genital tract involvement is concerned.

The usual symptom in ovarian hydatid cyst is swelling and pain in abdomen with bleeding per vaginam. In the single case of hydatid cyst of the ovary from kurnool Medical College (Reddy *et al* 1974) the patient presented with pain in abdomen. However, our patient did not complain of pain or bleeding per

vaginam. The only presenting feature was a lump in the lower abdomen.

Another interesting feature noticed in this case was that there was no involvement of lung, or liver. Ovary was the only organ involved. This is possible as a result of failure of arrest of the embryo in liver and lungs (Chatterjee, 1952).

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See Figs. on Art Paper IV