

## HYDATID CYST OF OVARY

### (A Case Report)

by

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It is rarely encountered in gynaecology and obstetric practice. The incidence in female pelvic organs is reported as 2 per cent of the total hydatid cysts. A still lower incidence of 0.2 per cent is reported by Craig and Faust (1951). Majority of the cases reported are of uterus and broad ligament. Hydatid disease of the ovary is rare. There was only one case of hydatid cyst of the ovary in a series of 110 cases reported by Reddi *et al* (1974) from Kurnool. The present case is being reported because of the rarity of the lesion.

#### CASE REPORT

H.K., 25 years old unmarried female presented to the surgical unit with a painless swelling in the lower abdomen for the last 20 days. The swelling was slowly increasing and had no relation with urinary and bowel habits. She gave no history of loss of appetite or menstrual irregularity. She was a nonvegetarian and her past and family histories were unremarkable. She, however, gave history of keeping a pet dog in the house.

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On examination she was moderately built. The general physical examination revealed no abnormality. A lump was palpable per abdomen in the right hypogastric region. The lump was freely mobile and was of the size of a cricket ball. All other systems were normal.

Gynaecological examination showed retroverted uterus of normal size. Left fornix was clear. In the right fornix there was a swelling of about 5 x 4 cm size. This swelling was soft, cystic freely mobile and separate from the uterus.

**Investigations:** Blood—Hb. 11.2 gm%, Total leukocyte count 10,000/cu.mm. with differential of poly 88% and lympho 20%. Urine was normal. Casoni's test was not done. X-Ray of the chest was normal.

**Operation:** The abdomen was opened through a midline incision and a cystic swelling was noted in connection with the right ovary. Ovarian cystectomy was done. Left ovary showed a distended corpus luteum.

#### Pathology

##### Microscopy (Fig. 1)

The cyst had a smooth outer surface and measured 7.0 x 7.0 x 6.0 cm. The wall of the cyst was thin, partly translucent and showed many thin capillaries on it. On opening the cyst, thin straw coloured fluid came out. When the opening was made bigger, the characteristic white elastic ectocyst was seen lining the cyst wall. No daughter cysts were present. Soft scrappings made from the cyst wall showed presence of scolices.

**Microscopy:** The section showed characteristic laminated membrane of hydatid cyst.

Discussion

Hydatid disease of the ovary is extremely rare. We have come across only one case reported in the literature. The presentation of the hydatid ovary is so uncommon that one would rarely think of this in the differential diagnosis of cysts of the ovary.

The route of travel of hexacanth embryo or scolex to this rare pelvic site is still a matter of investigation. Several possibilities have been put forward. (i) Secondary to primary cysts of the liver. (ii) The escape of hexacanth embryo through hepatic and pulmonary filters without their involvement with dis-

semination to various other parts of body. (iii) The entering of scolices from hepatic or pulmonary hydatid cyst in the pulmonary vein leading to metastatic secondary echinococcosis.

Summary

An interesting rare case of hydatid cyst of ovary is reported.

References

1. Craig, C. F. and Faust, C. E.: Clinical Parasitology, Kimpton, London, p. 598, 1951.
2. Reddy, D. B., Suvarna Kumari, G. and Raju, G. C.: Hydatid disease in Kurnool. Jour. Ind. Med. Assoc., 63: 5, 1974.

See Figs. on Art Paper VI