PELVIC HYDATID CYST

(A Case Report)

by

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Hydatid cyst of pelvic cellular tissue and viscera are rare. El Gazzar and Mc Creadie (1962) reported one hydatid cyst of pelvis in their 51 cases. Hydatid cyst causing complication in labour and delivery have been well reported by Gemmell (1899), Franta (1902), Embrey (1938), Guz and Lea (1956). El Tannir and Falmy (1967) and Semchyshyn (1974) reported 3 and 1 cases respectively. Amir-Jahed *et al* (1975) have extensively reviewed the literature as regards its mode of presentation, type, histopathology, complication and treatment.

CASE REPORT

Patient 20 years of age, nulipara complained of lump in abdomen since 2½ months. During this period she had scanty menstruation, increased frequency of micturition and persistent dull pain in the lower abdomen. Four days back she developed acute pain in her abdomen, which gradually increased in intensity.

Past History: Five years back she had an abdominal operation the nature of which is not known to the patient.

On Examination: Patient was of an average built, her general condition was fairly good, pulse 96/minute temperature 98.4°F, blood pressure 110/80 mm of Hg., respiration 20/minute, tongue pink and moist. Liver and spleen were not palpable. Heart and lungs normal.

Abdominal Examination: A suprapubic lump was felt upto the level of umbilicus more towards the left side, cystic tender, with restricted mobility. The lower pole of the lump could not be reached.

Vaginal Examination: The cervix was pushed anteriorly, and uterus could not be identified separately from the lump, which was felt in left-antero-lateral and posterior fornices. A sense of tenseness was present.

Investigation

Blood examination did not reveal eosinophilia. Provisional diagnosis of twisted ovarian cyst was made.

Treatment: Patient was kept under observation. Laparotomy was done after 24 hours as acute episode of pain occurred again and pulse rate increased.

Operation: Exploratory laparotomy showed a 8″ × 5″ left broad ligament cyst. Fallopian tube and ovaries of both side were normal. On posterior aspect, intestine were adherent. The broad ligament was incised in order to ennucleate the cyst but instead of encountering capsule of the cyst, clear fluid came out which was removed by suction. To our surpise we found a collapsible whitish sac with an opening and multiple bluish thin walled daughter cysts lyng in the depth of broad ligamentous space. The cavity wall was very thick giving an impression of muscle and firmly adherent to uterus on medial side. The cavity was washed with saline. Part of the cavity wall adjacent to uterus was excised. The lower part of the cavity was obliterated by stitches and was drained, on left lateral side of the lower abdomen. Exploration of the abdomen revealed no cyst in liver, spleen or any other side. The patient was febrile after operation, pus accumulated in obliterated space lateral to uterus necessitating drainage. Following this patient made uneventful recovery and was discharged.

Histopathological report confirmed the cyst to be hydatid cyst and the cavity wall showing fibromuscular tissue with lymphatic infection and giant cells (Foreign body) and hooklets.

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Comment

Hydatid disease is rare in our country, and less common is the occurrence in the pelvic region. But in countries such as Middle East which is a sheep rearing country, possibilities that a pelvic swelling could be hydatid cyst should be kept in mind.

The pelvic hydatid disease is usually considered secondary to a leak from liver cyst. A hydatid cyst in the pelvis can be easily confused with ovarian cyst if thin walled or fibromyoma if thick walled as reported by El-Tannir and Falmy (1967).

Amir Jahed *et al* (1975) consider greater diameter of cyst, multiplicity of cyst and pliability or elasticity of host organ as factor contributing to rupture of cyst. In their series of 179 single cyst only 2 cases had abdominal cysts which were operated for recurrent abdominal pain suspicious of neoplasm. In this case picture resembled that of acute abdomen due to torsion of ovarian cyst because of lump preceding acute episode. Acute episode was due to rupture of cyst within the broad ligament as evidenced by presence of collapsable cyst.

Summary

A case of pelvic hydatid cyst is reported and literature reviewed.

References

1. Amir-Jahed, A. K., Fardin, R., Farzad, A. and Bakshandeh, K.: Annals of Surgery. 182: 541, 1975.
2. Embrey, M. P.: Brit. Med. J. 2: 1201, 1938.
3. El. Gazzar, A. and McCreadie, D. W. A.: Brit. Med. J. 2: 232, 1962.
4. El. Tannir, A. D. and Falmy, K.: J. Obst. & Gynaec. Brit. C'wlth. 74: 592, 1967.
5. Franta, J.: Ann. Gynaec. & Obstet. 57: 163, 1902.
6. Gemmell, J. E.: Brit. Med. J. 2: 1603, 1899.
7. Guz. A. Lea, P. A. W.: Brit. Med. J. 1: 112, 1961.
8. Semschyshyns, S.: Am. J. Obstet. & Gynec. 118: 283, 1974.