

# HYDATID DISEASE OF UTERUS AND OVARY

(Report of 3 Cases)

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## Introduction

Hydatid disease, is not uncommon in India. Liver acting as the first filter, is most commonly involved in 70% of cases. Other common sites affected are lung (10%), subcutaneous tissue and muscle (12%), and brain (5%) (Chatterjee, 1952). Reproductive system is a rare site for hydatid cyst. The incidence of involvement of female pelvic organs was reported as 2% of the total hydatid cysts. A still lower incidence of 0.25% was reported by Craig and Faust (1951). Majority of the reported cases were of broad ligament. Uterus and ovary are extremely rare sites for hydatid disease.

Upadhyaya and Pai (1974), Goyal *et al* (1977) and Sabharwal *et al* (1977), each reported a single case of hydatid cyst ovary.

Because of the rarity of the lesion, we are reporting 3 cases of hydatid disease—uterus (one case) and ovary (2 cases) among 116 cases of the total hydatid cysts

in a period of 10 years forming a percentage of 2.5.

## CASE REPORTS

### Case 1

**Hydatid cyst of the uterus.** A Hindu female aged 40 years was admitted with a lump in the lower abdomen and pain in the abdomen for the last 4 months. The lump was gradually increasing in size. History of dysfunctional uterine bleeding since 4 months.

Patient was 4th gravida. Per abdomen a lump was palpable in the lower abdomen. Gynaecological examination showed slightly bulky uterus. Fornices were free. Ovaries were of normal size. All the routine investigations were within normal limits. Clinically suspected as fibroid uterus and hysterectomy was performed.

On opening the uterus, there was a whitish smooth cyst of size 12 x 10 cm occupying the uterine cavity. The cyst contained clear fluid which showed the presence of scolices and hooklets. Characteristic white elastic ectocyst was seen lining the cyst wall. No daughter cysts were seen. Histologically showed typical laminated membrane of hydatid cyst with scolices.

### Case 2

**Hydated cyst of the right ovary:** A muslim female aged 28 years was admitted for swelling in the lower abdomen for the last 1 month. The swelling was slowly increasing and was painless. There was no menstrual irregularity.

On examination she was moderately built. All the routine investigations were within

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normal limits. Per abdomen—a freely mobile lump was palpable in the right hypogastric region. Gynaecological examination showed normal sized uterus. In the right fornix there was a smooth cystic swelling about 6 x 6 cm. size which was separate from the uterus. Left fornix was free. Clinically diagnosed as ovarian cyst, ovarian cystectomy was done. Left ovary was normal.

The cyst was smooth, whitish glistening and measured 7 x 7 cm. The cyst contained clear fluid. The cyst wall was lined by characteristic elastic ectocyst. Daughter cysts were seen inside. Scrapings from the cyst wall showed the presence of scolices. Histologically showed typical laminated Hydatid membrane with scolices.

### Case 3

#### Hydatid cyst of the left ovary

A Muslim female child of 8 years was admitted for a slowly growing painful lump in the lower abdomen for the past 3 months. On abdominal examination a rounded freely mobile lump of about 10 cm. was felt in the left infra-umbilical region. The lump was dull on percussion. All the routine investigations were within normal limits.

A clinical diagnosis of dermoid cyst of left ovary or urachus cyst was made and exploratory laparotomy was done. Left ovary was found to be replaced by a cyst of 10 cms size. Right ovary, uterus, tubes and all other organs were normal. Left ovarian cystectomy was done. Postoperative period was uneventful.

Grossly, the cyst was smooth, whitish glistening and 10 x 9 cm. size (Fig. 1). It contained clear fluid. The internal surface was shiny and glistening with granularity, scrapings from the wall showed the presence of scolices and hooklets. Histologically outer cyst revealed compressed ovarian stroma and inner cyst was confirmed to be hydated cyst wall.

#### Discussion

The incidence of female genital tract hydatid disease is about 2% of the total hydatid cysts, Sabharwal *et al*, 1977), and according to Craig and Faust (1951) it is still lower (0.2%). The organs involved in order of frequency are ovary (Rao, 1965) and uterus (Parikh and Parikh,

1966). In our series the incidence of female genital tract hydatid disease was 6% 7 cases among 116 total hydatid cysts (Table I).

Table I: Shows the incidence of female pelvic hydatidoses.

ORGAN	No. of CASES
Ovary	2
Broad ligament	2
Pouch of Douglas	2
Uterus	1
Total	7 (6%)

According to Barnett and Thomas (1952) the predilection of hydatid disease is more between 11-40 years. The youngest age reported in the literature as far as female genital tract hydatidosis is concerned is 7 years by Goyal *et al* (1977). In the present series the youngest was 8 years and oldest was 40 years.

The usual symptom in ovarian hydatid cyst is swelling and abdominal pain with vaginal bleeding. In the cases reported by Goyal *et al* (1977) and Sabharwal *et al* (1977) the only presenting symptom was painless lump in the abdomen. In the present series, all the cases presented with lump in the abdomen and pain in the abdomen, dysfunctional uterine bleeding was noted in the case of hydatid of the uterus (Case 1).

In the present series we failed to trace the involvement of liver or lungs. Only ovary (cases 2 and 3) and only uterus (case 1) were involved. This is possible as a result of failure of arrest of the embryo in liver and lungs (Chatterjee, 1952).

*Summary*

Three cases of Hydatid disease—uterus one case and 2 cases of ovary were reported because of their extremely rare involvement.

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See Fig. on Art Paper II