

## HYDATID CYST OF OVARY

### (A Case Report)

by

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Hydatid disease is commonly prevalent in Australia, South America and Syria (Boyd, 1970). It is also common in those countries where sheep and cattle raising constitutes an important industry and consequently there is close association between man, sheep and dog (Chatterjee, 1974). Human infection by *Echinococcus* is endemic in India and the lesions are usually localised in liver and lung. Although the condition is more common in females and in the middle age group (Upadhyaya, *et al* 1974) yet the incidence in the female pelvic organs ranges from 0.2 to 2% (Chatterjee, 1974 and Craig and Faust, 1964) of all hydatid cysts.

Though there is high incidence of hydatid disease in this country yet only a few cases of hydatidosis are diagnosed preoperatively, the possible reason may be the rare involvement of pelvic organs.

Because of such rarity the present case is reported.

### CASE REPORT

A Hindu female aged, 35 years was admitted to Umaid Hospital, attached to S. N. Medical College, Jodhpur for lump in the lower abdomen of 1 year duration, which later became painful with feeling of fullness on the left side. Swelling gradually increased and attained the present size. Her previous menstrual history was normal, which later became irregular, painful with scanty flow. Casoni's test was not done preoperatively.

On abdominal examination there was a lump in the hypogastrium, soft, cystic in consistency and was freely mobile.

**Speculum and Vaginal Examination:** On speculum examination cervix and vagina were healthy. On vaginal examination normal sized uterus with free fornices were felt.

At laparotomy the tumour was lobulated, cystic and was in relation to the left ovary. Other was without any pathology. Excision of cystic mass was done. The postoperative period was without any complication.

**Macroscopic Examination:** The whole specimen measured 8 x 5 x 3 cms. The tumour mass was greyish white in colour and covered with a thin shiny smooth membrane. On cutting it revealed clear watery fluid with multiple small daughter cysts.

**Microscopic Examination:** Haematoxylin and Eosin stained sections showed laminated cyst wall with scolices.

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### Discussion

Hydatid cyst from rare sites like thyroid, spleen, pancreas, breast, bone, kidney, heart and central nervous system have been reported in literature (Majumdar and Ghosh, 1970; Majumdar and Banerjee, 1965; Singh and Sabbarwal, 1973; Mehta and Kechar, 1973; Natarajan *et al*, 1974).

A large series of 43 and 22 cases of hydatid cysts were reviewed at Himachal Pradesh and Calcutta and not a single case of genital hydatid cyst was reported (Sibal and Singh, 1974; Gupta and Das, 1963). At Jamnagar 80 cases of hydatidosis were reviewed and they detected 1 case each of hydatid cyst of ovary and uterus (Upadhyaya and Rai, 1974). A case of multiple hydatid cyst involving broad ligement has also been reported by Rao, 1978. The presentation of the disease is so uncommon that rarely one thinks of the disease in differential diagnosis. It is difficult to correlate the events of parasite entry through alimentary tract and from their final localization at such an uncommon site like ovary when organs like liver and lung are spared. However, no case of hydatid cyst of ovary has been reported from Rajasthan and because of the unusual presentation and

rarity of lesion, the present case is reported.

### Summary

A case of primary ovarian hydatid cyst from Rajasthan is reported and rarity of condition is stressed. The brief literature on the subject is reviewed.

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