

HYDATID DISEASE OF UTERUS

(A Case Report)

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Introduction

Pelvic hydatid disease is rare even in countries where the disease is endemic. Uterus is still a rarer site for the hydatid disease. So far we could trace only 4 cases of hydatid of the uterus reported in the literature in India.

The incidence of hydatid disease of female reproductive system varies from as low as 0.25% (Craig and Faust, 1957) to 2% (Chatterjee, K. D., 1952). Parikh and Parikh (1966) mentioned the incidence as 3%.

Because of the rarity of the hydatid of uterus we are reporting this case.

CASE REPORT:

A Hindu female aged 35 years coming from a low socio-economic group was admitted with the complaints of primary sterility and was provisionally diagnosed as a case of fibroid uterus.

Her menstrual cycles were regular since menarche. Previously she was being treated as a case of chronic pelvic inflammatory masses. In 1977 she landed with us and was admitted with the above diagnosis for myomectomy. Her gynaecological examination showed uterus of the size of 12 weeks of pregnancy, firm and irregular. Mobility was restricted and fornices were clear.

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Her pre-operative investigations including blood counts did not show any abnormality.

On laparotomy, after assessing that the fallopian tubes and ovaries were involved in extensive adhesions and were damaged, total hysterectomy with bilateral salpingo-oophorectomy was performed.

Accidentally, while examining the removed specimen against light. 2 translucent cysts were detected in the uterus and probable diagnosis of hydatid cyst of uterus was made. On cutting open the uterine wall the white elastic cyst wall projected out and diagnosis was confirmed (Fig. 1, 2 and 3).

Histopathological report again confirmed the diagnosis.

Discussion

Female reproductive system is a rare site for hydatid disease and the organs involved in order of frequency are ovary (Rao, 1965) and uterus (Parikh and Parikh, 1966).

Almost always the diagnosis of pelvic hydatid is made on laparotomy as is evident from the mentioned literature. Route of spread to pelvis is usually secondary to leakage of rupture of primary cyst in the liver, spleen or kidney. Rarely, primary pelvic hydatid cyst may form by blood stream spread when the embryo penetrates through the wall of first portion of duodenum into the capillaries and thence into venacava bypassing the

liver. Primary infection through the rectum or vaginal wall is only a theory.

Summary

A case of hydatid disease of the uterus is being reported because of the extreme rarity of the condition and the difficulty in making a pre-operative diagnosis.

References

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3. Rao, A. V. N.: Obstet. Gynec. 15: 653, 1965.

See Figs. on Art Paper I