

DISSEMINATED HYDATIDOSIS SIMULATING OVARIAN CARCINOMA

(A Case Report and Review of Hydatid Disease)

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Pelvic pathology due to echinococcus parasite is infrequent. Although able to affect every organ, system and mimic a variety of disorders, hydatid disease is rarely considered in differential diagnosis of pelvic masses. A patient with disseminated echinococcosis simulating ovarian carcinoma is presented along with a discussion of pelvic echinococcosis.

Case Report

Patient Mrs. M.P.K. 38 years old was admitted to Government Medical College Hospital, Aurangabad on 27th March, 1981 with a history of gradual distension of abdomen since 8 years, lump in abdomen since 2 years and pain in abdomen for 10 days. She had 2 full term deliveries with live babies. Last delivery was 6 years back. There was no change in menstrual habit and last menstrual period was 15 days back. Retrospectively on interrogation she refused history of dog contact.

General and systemic examination revealed nothing abnormal. On abdomen examination revealed a firm mass arising from the pelvis, 12" x 6", occupying suprapubic, umbilical and lumbar region, with irregular margins, variable inconsistency soft to firm, non-tender was felt. There was no free fluid. Liver and spleen not palpable.

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Per speculum examination showed healthy cervix. On per vaginum examination uterus could not be separately made out from abdominal lump. Another nodule 1" x 1" was also felt in posterior fornix.

Investigations

Haemoglobin 10 gms.%; T.L.C. 6800/cum.; D.L.C. P 67%, L 33%; E.S.R. 15 mm at the end of 1st hour. X-Ray chest showed elevation of right dome of diaphragm with area of opacity over it. On fluoroscopy which was done post-operatively a mass of 3"/3" was seen in right infrapulmonary region probably a hydatid cyst.

Provisional diagnosis of malignant ovarian tumour was made. On opening the abdomen there was fundal enlargement of uterus with a cyst containing clear fluid. There was another cyst in right broad ligament. Multiple cysts of varying sizes were present in anterior uterovesical pouch, pouch of Douglas. Mesentery and greater omentum were studded with number of cysts. Cysts were also seen in association with spleen, stomach, pylorus, liver. Three big cysts in relation with omentum and mesentery were removed. As there were multiple cysts in relation with uterus, bladder, broad ligament and pouch of Douglas hysterectomy was not possible.

Histopathological Report

Thickened fibrous tissue capsule with outer non-nucleated laminated layer of the cyst consistent with clinical diagnosis of hydatid cyst.

See Figs. on Art Paper X