Primary Hydatid Disease of Retroperitoneum: Case Report

Retroperitonun Primer Hidatik Hastalığı: Olgu Sunumu

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Özet

Kist hidatik hastalığı halen dünyanın birçok bölgesinde endemik olarak görülmekte ve bölgemiz ve ülkemiz için yaygın bir sağlık sorunu olarak önemini korumaktadır. Sunumumuzda başka odağı saptanamayan izole primer retroperitoneal yerleşimli kist hidatik olgusunun sunulmuştur. Kist hidatik, retroperitoneal kitlelerinin ayırıcı tanısında düşünülmesi gereken nadir bir durumdur.

Anahtar Kelimeler

Hidatik Hastalık; Retroperitoneal Kist; Cerrahi

Abstract

Hydatid disease is still seen as an endemic disease in several regions of the world and holds importance for both our country and region as a common health problem. We present an isolated primary retroperitoneal hydatid cyst, without any other confirmed cyst localization. Hydatid cyst should be considered for differential diagnosis of retroperitoneal masses, as a rare location.

Keywords

Hydatid Disease; Retroperitoneal Cyst; Surgery

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Introduction

Hydatid disease is still seen as an endemic disease in several regions of the world and holds importance for both our country and region as a common health problem [1]. This disease is a zoonosis, caused by the larva cestods of Echinococcus species [1]. Anatomic localizations of the cysts are reported to be highly variable. Retroperitoneal involvement of hydatid disease is rare [1–3]. We present an isolated primary retroperitoneal hydatid cyst, without any other confirmed cyst localization.

Case Report

A 31-year- old woman was referred to our surgical policlinic with abdominal pain and abdominal mass of unknown origin. Physical examination revealed a left sided abdominal mass. Abdominal CT scan showed, a 12 cm sized mass with septations in front of the left psoas muscle and extending to the inferior pole of the left kidney (Fig. 1). The tumor markers as well as the indirect haemagglutination test for echinococcus granuolsus were negative. Surgical intervention was planned. During the surgical exploration, a lobulated cystic mass, located in front of the left psoas muscle, and medial side of the descending colon, adjacent to the inferior pole of left kidney. Total excision of the mass was performed (Fig. 2). The left ureter was also preserved without perforating the cystic mass. The postoperative period was uneventful and the patient was discharged on the third day. Histopathologic examination revealed hydatid disease. Oral albendazole treatment was started after the histopathologic confirmation.



Figüre 1. Abdominal CT scan image



Figüre 2. Total excision of the mass was performed

Discussion

The human beings are random intermediate hosts for infestations of echinococcus species [1]. Mature parasites settle in small intestines of carnivore animals. The eggs of the parasites are spread within feces of these animals [1]. Intermediate hosts get infected within digestion. Spawned embriyos, transpass to the blood through the intestinal mucosa then become able to invade any tissue of the body [1–3]. The liver as high as 50–70%, the lungs as 11-17%, the soft tissues as 2.4-5.3%, the heart as 0,5-3%, and the muscle and subcutaneos tissues as 0.5-4.7% were reported as cyst localizations. Retroperitoneal space is an uncommon localization for hydatid disease [1–5].

The differential diagnosis of retroperitoneal cystic masses consist of lymphangioma, mucinous cystadenoma, mesonephric cystadenoma, mesothelial cyst, hydatid cysts, cystic teratoma [1,6]. Ultrasonography, CT and MRI may be useful in the diagnosis of cystic masses. In our case, the cystic mass was detected by CT, the diagnosis of hydatid cyst was made by histopathological examination.Dinleyin

Hydatid cyst disease, usually has a silent course, without any clinical symptoms. Patients usually get randomly diagnosed by screening procedures administered for any other reasons. Dull abdominal pain is the most common complaint by symptomatic patients. Fatigue, fever, dyspepsia and nausea are other nonspecific symptoms. During complicated cyst hydatic cases, fever and jaundice or even anaflactic reaction can be seen [1,5,6]. Cysts located outside the liver, could be primarily or secondarily [7]. Primary hydatid cysts of retroperitoneal space are rarely seen, compared with more common secondary multiple cysts of the region [7,8].

Most secondary cysts are caused by the rupture of the primer cysts in the liver [7]. The etiology of secondary diffuse abdominal hydatidosis is usually related with the rupture of the hydatid cyst in the liver and implantation of fertile scolices inside the peritoneum afterwards [7]. Ten percent of the liver hydatid cysts, rupture into the peritoneal cavity. These rupture usually occurs following abdominal trauma but it can sometimes occur spontaneously [7,8].

Complications such as rupture of the retroperitoneally located hydatid cysts into the large vessels, ureteral invasion or pressure effect to the adjacent structures were reported [5-7]. As for our case, even the cyst diameter reached 15cm, no complication had occured.

Preoperative initiation of albendazole is recommended by many authors in patients scheduled for surgery due to hydatid cyst [7]. Preoperative use of medical therapy consisting of albendazole facilitates complete resection of the germinal layer by detaching it from the laminar layer, thus reducing not only the recurrence rates but also the postoperative complications, especially bilious fistulas [7]. In our case, the definitive diagnosis of hydatid disease was only possible after histopathological examination so that made the treatment with albendazole in the postoperative period.

Currently, most viable treatment procedure for hytatid disease is surgery, open or laparoscopic within the selected cases. Pri-

mary goals of the surgery are taking out all living cysts from the patient, sterilization of cyst contents, and excision of germinative membrane. Carefully taking out the cyst and its germinative membrane without spreading cyst contents into the abdominal cavity is essential [7-9]. In our case, total cyst excition without perforation is achieved. 6 month long albendazole treatment was advised to avoid post operative recurrence risk, however there are reports claiming that postoperative albendazol treatment is unnecessary for hydatid disease of retroperitoneum [8,9].

Hydatid cyst disease still holds importance for both our region and country, as a common health issue. It should be noted that, this disease can be seen various anatomic locations outside the liver. Hydatid cyst should be considered for differential diagnosis of retroperitoneal masses, as a rare location.

Competing interests

The authors declare that they have no competing interests.

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