Primary Hydatid Cyst of Spleen: A Rare Case Presentation

Authors
Dr Saumya Sinha¹, Dr Sohail Ahmed², Dr Abdur Rahman³, Dr Yasir Tajdar⁴, Dr Amzad Zia Mallik⁵

¹²nd Year PGT, Department of General Surgery, Katihar Medical College (KMCH), Katihar, Bihar, India
²Assistant Professor, Department of General Surgery, Katihar Medical College (KMCH), Katihar, Bihar, India
³Senior Resident, Department of General Surgery, Katihar Medical College (KMCH), Katihar, Bihar, India
⁴Senior Resident, Department of General Surgery, Katihar Medical College (KMCH), Katihar, Bihar, India
⁵Professor, Department of General Surgery, Katihar Medical College (KMCH), Katihar, Bihar, India

Introduction
Hydatid disease is caused by tapeworm Echinococcus granulosus. Involvement of spleen is uncommon, roughly about 2 % of all human infestations by this parasite. It is endemic in Middle East, North America, New Zealand, Australia, and South America. Isolated splenic cyst is a rare entity accounting for approximately 2.5% in India. The first case was reported by Berlot in 1790 from an autopsy. We are reporting a case of 48 yr old female form Purnea (Bihar), India as it was a rare presentation.

Case Report
A 48 yr old lady presented to KMCH surgery OPD with complain of dull intermittent pain in left hypochondrium for one year associated with dyspepsia. Pain resolved spontaneously after 1 -2 hours. On examination there was no organomegaly. Patient’s haematological and serological parameters were within normal limits. All abdominal and pelvic organs were unremarkable on ultrasonography. Contrast enhanced computed tomography (CECT) showed a large cystic lesion sized about 9x9.2x7.8 cm. No other organs were involved. Patient was negative for serum IgG antibodies against echinococcus.

After fitness of patient, she was shifted to surgery main O.T and then SPLEEN PRESERVING SURGERY, deroofing of the cyst with tube drainage was done. Upon histopathological examination it showed, brood capsules with hooklets along with cyst wall having a outer a cellular laminated layer and inner germinal layer characteristic of a hydatid cyst. Post operatively patient was discharged after 7 days with instruction to continue anti helminthic drugs (albendazole 400 mg twice daily).

Follow up: On a follow up of 18 months, patient had no complains as such with improved appetite and bowel habits. No recurrence of disease was seen upon follow up investigations. Also, to mention she did not had any serious infectious disease during this period.
Discussion

Hydatid cyst is a parasitic infestation of Echinococcus species, most commonly E. Granulosus. Other species involved are Echiococcus multilocularis causing alveolar echiococcosis. E.vogeli and E. oligarthrus causes polycystic echiococcosis and has less frequent human association.

Man is an intermediate host after ingestion of eggs. Larvae liberated from eggs passes through the mucosa to reach the portal system spreading to the systemic circulation, to various organs. Mostly found in liver (55.6%) and lungs (30%).[1] Gupta et al states that the cyst are found in spleen in about 1.5%[2]. Its incidence is even low in relation to other abdominal viscera constitutive of 0.5 to 4% of cases of hydatidosis.
Symptoms of splenic hydatid cyst are left hypochondrium mass, dull aching pain, dyspepsia, heart burn, constipation, dyspepsia, infection, rupture of fistulization to colon. Differential diagnoses are simple cyst, abscess, haematoma, neoplasm.

Treatment includes total spleenectomy, cyst enucleation, unroofing of cyst with omentoplasty, PAIR (newer methods); treatment of choice being total spleenectomy. Radiofrequency ablations are under trial.

**Conclusion**

Case should be suspected of splenic hydatid cyst if presenting with dull aching pain. As an early diagnosis can prevent further complications.

**References**