

Splenic Hydatid Cyst: A Case Report.

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ABSTRACT

The rarity of splenic hydatid disease may pose a diagnostic challenge for clinicians, especially in nonendemic areas.² In this report, we present the case of a young man with splenic hydatid cysts.

Keywords: Hydatid Disease, Spleen.

INTRODUCTION

Hydatid disease is endemic in farming areas but occurs worldwide. The most common site of disease is the liver, followed by the lungs, kidney, bones and brain. Other sites such as the heart, spleen, pancreas and muscles are very rarely affected. Splenic hydatid disease has been reported to constitute up to 4% of cases of abdominal hydatid disease.^[1]

CASE REPORT

A 29-year-old man was admitted to our general surgery clinic with a mass in the left upper quadrant of his abdomen and pain abdomen. The patient reported that the mass had started enlarging rapidly over the past 3 months. Physical examination showed an asymmetric abdomen and an exophytically growing mass on the left side. Abdominopelvic computed tomography (CT) showed a 11.2×10.6(AP) × 9.8(TR)-cm loculated cyst, originating from the spleen. The cyst in the spleen appeared to fill the left quadrant of the abdominal cavity, displacing the intestines to the right [Figure 1] A CT scan of his chest did not show any cysts.

On exploration, we found a huge hydatid cyst in the spleen filling the entire left side of the abdomen and pushing the intestines. We performed a splenectomy and kept a drain at operation site. The patient's postoperative period was uneventful, and he was discharged with amoxicillin 500 mg once a day for 5 year treatment on postoperative day 6 asked to review surgery OPD on day 14th for meningococcal

and Hib vaccination. Preoperatively patient was given albendazole for 10 days.

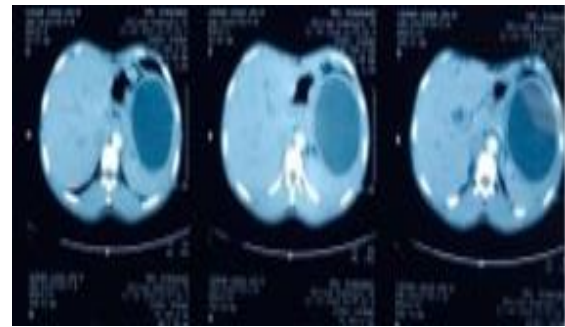


Figure 1: Abdominopelvic computed tomography reveals a giant loculated cystic mass originating from the spleen.

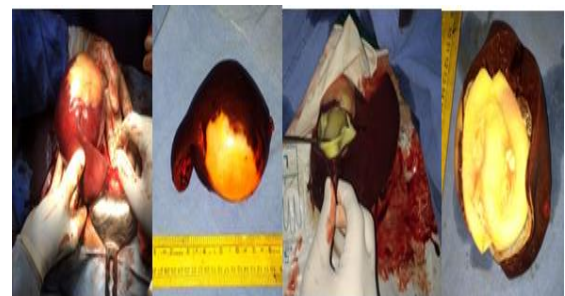


Figure 2: Intra operative and post operative images of a huge splenic hydatid cyst.

DISCUSSION & CONCLUSION

Splenic hydatid cysts are generally asymptomatic. Diagnosis is usually established incidentally during investigation of unrelated symptoms. When the cyst reaches an advanced size, the patient presents with a painful mass in the left hypochondrium.^[1,2] Other initial presentations include renal arterial

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compression and systemic hypertension or rupture of the splenic hydatid cyst to the other organs.^[1] Our patient was admitted to hospital for pain and a rapidly enlarging mass in the left upper quadrant of his abdomen.

The imaging characteristics of splenic hydatid cysts are similar to those of hydatid cysts:3 calcification of the cyst wall, the presence of daughter cysts and membrane detachment. The differential diagnosis for splenic hydatid cysts includes other splenic cystic lesions such as epidermoid cysts, pseudocysts, splenic abscesses, hematomas and cystic neoplasms of the spleen.^[3,4]

Owing to the risk of spontaneous or traumatic rupture, splenic hydatid cysts are usually treated surgically.^[1,4] The standard treatment is total or partial splenectomy. Cyst fluid can be drained with puncture and aspiration to reduce the intracystic pressure, but splenectomy without puncturing the cyst is preferable.^[4,5] Amoxicillin therapy is the mainstay of treatment in the postoperative follow-up period.

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