An interesting case of secondary hydatidosis

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CASE REPORT

A 39-year-old woman presented with a history of abdominal distention over a year. She was not in possession of pets. An ultrasound was done initially which revealed pelvic cysts. Then computed tomography (CT) scan was done which revealed multiple septate cysts in the liver and between bowel loops in the peritoneum with some even in the Pouch of Douglas in the pelvis (Figures 1 and 2). Laboratory investigations including CA 125 were normal except for positive echinococcosis serology test (Counter immunoelectrophoresis [CIE] and latex agglutinin test [LAT]).

As the patient had disseminated disease and was without complications, she was started on continuous course of albendazole (10 mg/kg/day) for 12 weeks and was compliant with medication.

DISCUSSION

Peritoneal hydatidosis by itself is quite rare with an incidence of about 10–16% [1]. Primary peritoneal hydatidosis characterized by peritoneal hydatid lesions without liver and other organ involvement is very rare at 2% of all abdominal hydatids [2]. The mechanism of primary peritoneal infection though unknown is thought to be through the hematogenous and lymphatic route [3]. In contrast to mucosal surfaces, serosal surfaces like pleura or peritoneum constitutes a friendly microenvironment for the development of echinococcal cysts [4].

Secondary peritoneal echinococcosis is more common than primary peritoneal disease. It is due to microrupture and dissemination from the hepatic lesions. This may occur during surgery (5–10% cases) or trauma [5]. Rarely, the rupture may even be spontaneous.

Diagnosis of peritoneal hydatid is most commonly by CT which showed well-defined lesions with or without...
internal septations. Serological tests show marked variation in sensitivity and specificity. Antihelminthics are the main mode of treatment in disseminated disease [6].

Combination therapy of praziquantel and albendazole is more effective [7]. However, Albendazole monotherapy is highly effective protoscolicidal agent both in vitro and in vivo with a better safety profile [8]. Long-term chemotherapy will significantly increase survival even for such inoperable cases. On chemotherapy, cure can be expected to occur in 30% of patients with improvement in 30–50% on follow-up after 12 months [6].

The prognosis of peritoneal hydatidosis depends on location of the cyst in peritoneal cavity and condition of the patient. The increase in morbidity is due to deep infected collections and recurrence (10–18%) by subserous grafts [9].

CONCLUSION

The differential of hydatid cyst must be borne in the diagnosis of pelvic cystic lesions even in non-endemic areas, especially in female where these lesions sonologically may resemble ovarian cysts. Long-term antihelminthic treatment with albendazole is ideal for disseminated disease and may obviate the need for surgery.

Keywords: Hydatid cyst, Secondary hydatidosis

REFERENCES


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Author Contributions

Amarjothi JMV – Conception of the work, Design of the work, Acquisition of data, Analysis of data, Interpretation of data, Drafting the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

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Figure 2: Multiple septate cysts in pelvis.

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