

Images in Clinical Medicine

Asymptomatic Hydatid Cyst in a 30-year-old Female

Received: August 14, 2014 Accepted: November 21, 2014 doi: 10.3329/jemc.v5i1.21500

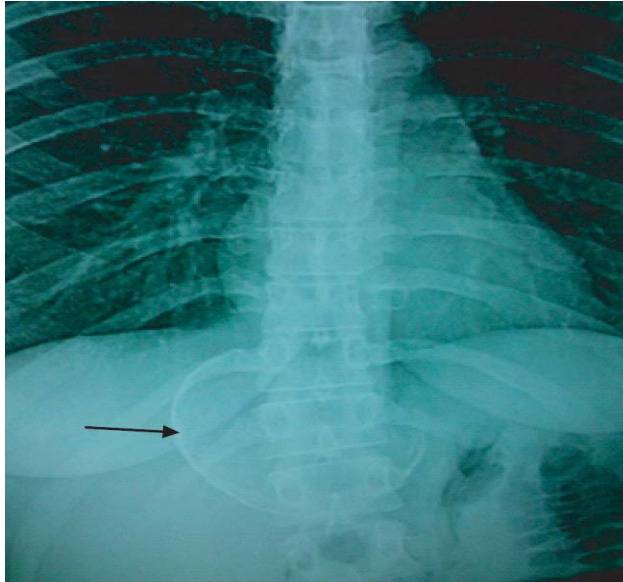


Fig 1. A large egg-shell calcification noted overlying the shadow of spine (arrow)

A 30-year-old female presented in the outpatient department of Orthopedics with the history of low backache for 1 month. Physical examination revealed normal findings. A plain radiography of lumbo-sacral spine showed a large egg-shell calcification overlying the spine (Fig 1). Ultrasonography of whole abdomen showed a round mixed echogenic lesion with calcified rim almost occupying the whole of the left lobe of the liver. These features are suggestive of hydatid cyst. On CT scan of whole abdomen a cystic lesion measuring 62x65 mm found in the left lobe of the liver having marginal calcification was consistent with hydatid cyst in the liver. Intrahepatic biliary radicles were not dilated. Other laboratory investigations were normal. She underwent laparotomy followed by resection of cysts. She was prescribed albendazole for 6 months.

Hydatid disease is a parasitic infestation by a tapeworm of the genus *Echinococcus*. These are commonly hepatic (50–80%) and pulmonary (5–30%),^{1,2} but may be found in other sites such as bone, pleura, peritoneum, spleen and kidney. The primary carriers are dogs and wolves. Sheep, cattle and deer are the intermediate hosts. Humans are alternative/accidental

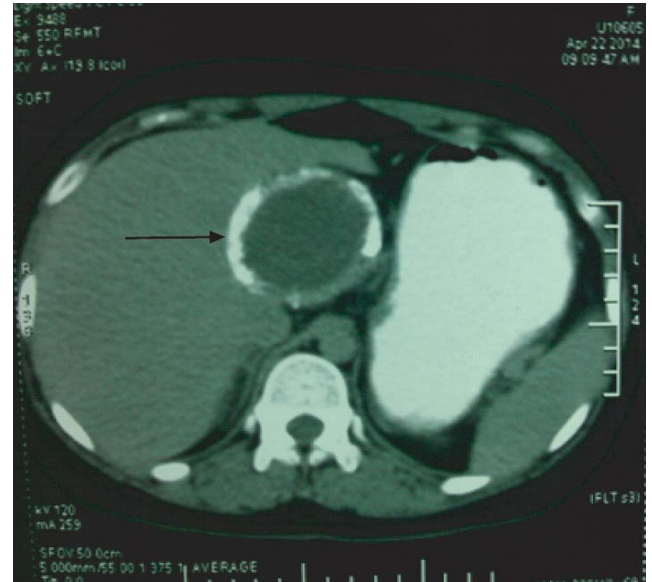


Fig 2. Hydatid cyst in the left lobe of the liver (arrow)

secondary hosts and are infected by ingestion of ova from the feces of dogs.³ Right hypochondrial pain is the most frequent clinical sign, but the patient may remain asymptomatic. Benzimidazoles are the medical treatment, but surgery is the therapeutic gold-standard.

Rukhsana Parvin

Associate Professor

Department of Medicine

Enam Medical College & Hospital, Savar, Dhaka

Email: rukhsana_parvin@yahoo.com

References

1. Pawlowski ZS, Eckert J, Vuitton RW, Ammann PK, Craig PS, Dar KF et al. Echinococcosis in humans: clinical aspects, diagnosis and treatment. In: Eckert J, Gemmel MA, Meslin FX, Pawlowski ZS (eds). WHO/OIE manual on echinococcosis in humans and animals: a public health problem of global concern. Paris: World Health Organization, 2001: 20–62.
2. Simsek H, Ozaslan O, Sayek I, Savas C, Bbasoglu O, Soylu AR et al. Hepatic hydatid disease: diagnostic and therapeutic ERCP. *Gastrointest Endosc* 2003; 58: 384–389.
3. Harris KM, Morris DL, Tudor R, Toghil P, Hardcastle JD. Clinical and radiographic features of simple and hydatid cysts of the liver. *Br J Surg* 1986; 73: 835–838.