

RETROPERITONEAL HYDATID DISEASE ADJACENT TO DESCENDING COLON : A CASE REPORT

Surgery

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ABSTRACT

A 65 yrs old male reported in OPD with complaint of lump in abdomen and recurrent abdominal pain. On abdominal examination revealed a mass in left iliac fossa which was mobile, non tender and firm in consistency. On ultrasonography of abdomen suggestive of heterogenous mass in left iliac fossa likely arising from descending colon with multiple lesions in liver suggestive of haemangioma.

KEYWORDS

Hydatid cyst , descending colon, complication

INTRODUCTION:

Hydatid cyst is chronic disease caused by parasitic infection i.e. Echinococcus species .[1] The possibility of hydatid cyst in a patient presenting with a retroperitoneal cystic mass should be suspected especially in endemic areas.[2] Surgical removal of hydatid cyst and histological examination is a must for confirmation of diagnosis. Surgical intervention associated with antihelminthic treatment gives best results and prevents recurrence.

CASE REPORT:

- A 65 yr old male came with complaints of lump in abdomen since 6 months, associated with mild pain since 15 days, intermittent, dull aching in nature.
- On examination abdomen was soft, nontender with palpable mass in left iliac fossa region measuring 6 x 5 cm, firm in consistency, smooth surface, mobile in vertical axis not in transverse axis.
- His haematological and biochemical parameters were within normal limits except for eosinophilia.
- USG abdomen was suggestive of heterogenous mass in left iliac fossa likely arising from descending colon with multiple lesions in liver suggestive of haemangioma. On CT abdomen and pelvis suggestive of intra abdominal collection in left iliac fossa with adjacent focal descending colon wall thickening and surrounding fat stranding suggestive of infective etiology

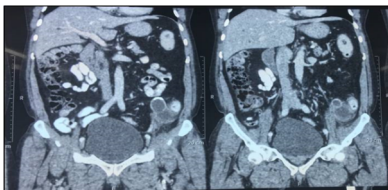


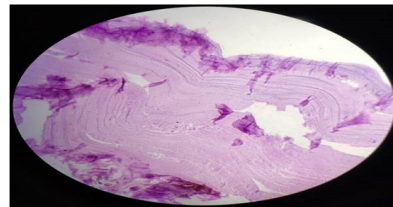
Figure: CT showing intra abdominal collection in left iliac fossa with adjacent focal descending colon wall thickening

A laparoscopic excision of mass was attempted but converted to open as the mass was densely adherent to posteromedial wall of descending colon. A segmental resection of descending colon along with the mass was done followed by end to end anastomosis. Cut opened descending colon specimen showed a 4x4 cm hydatid cyst with daughter cysts within.



Figure: Descending colon specimen showed a 4x4 cm hydatid cyst with daughter cysts within.

- Histopathology specimen showing germinal layer with daughter cysts and brood capsule with scolices.



DISCUSSION:

Diagnosis is based on radiological investigation and histopathology. Total cystectomy is gold standard. Asymptomatic patients can be treated with antihelminthic drugs for 28 days in one to eight repeated cycles, separated with 2-3 weeks of drug free intervals.[3,4] This case is a unique in its involvement of hydatid cyst adjacent to descending colon.

The possibility of hydatid cyst in a patient presenting with a retroperitoneal cystic mass should be suspected especially in endemic areas. Surgical removal of cyst and histological examination is a must for confirmation of diagnosis. Surgical intervention associated with antihelminthic treatment gives best results and prevents recurrence.[5]

CONCLUSION:

Hydatid cyst in a patient presenting with a retroperitoneal cystic mass should be suspected especially in endemic areas. Surgical removal of cyst and histological examination is a must for confirmation of diagnosis.

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