

Subcutaneous Inguinal Hydatid Cyst Simulating Incarcerated Inguinal Hernia: Case Report

Recep Çetin¹, Meltem Çetin², Celal Çerçi³, Mahmut Bülbül⁴

¹Yrd.Doç.Dr. Süleyman Demirel Üniversitesi Tıp Fakültesi Genel Cerrahi Anabilim Dalı, Isparta

²Yrd.Doç.Dr. Süleyman Demirel Üniversitesi Tıp Fakültesi Radyodiagnostik Anabilim Dalı, Isparta

³Uz.Dr. Süleyman Demirel Üniversitesi Tıp Fakültesi Genel Cerrahi Anabilim Dalı, Isparta

⁴Prof.Dr. Süleyman Demirel Üniversitesi Tıp Fakültesi Genel Cerrahi Anabilim Dalı, Isparta

Abstract

A case of hydatid disease of inguinal region with acute abdominal symptoms that was misdiagnosed preoperatively as incarcerated inguinal hernia is presented. During the operation generalised abdominal hydatidosis was found and inguinal cyst was excised. Hydatid cyst must be considered in the differential diagnosis of inguinal masses especially in endemic area in-patients who give hydatid cyst history.

Key Words: *Hydatid cyst, subcutaneous location, atypical location*

İnkarsere İnguinal Herniyi Taklit Eden İnguinal Hidatik Kist: Olgu Sunumu

Özet

Akut abdomen semptomları ile başvuran ve preoperatif dönemde inkarsere inguinal herni olarak tanı alan inguinal bölgede yerleşmiş bir hidatik kist olgusu sunulmuştur. Operasyon sırasında yaygın abdominal hidatidoz saptanmış ve inguinal kist eksize edilmiştir. Özellikle endemik bölgelerde kist hidatik öyküsü veren hastalarda inguinal kitlelerin ayırıcı tanısında kist hidatik de düşünülmelidir.

Anahtar Kelimeler: *Hidatik kist, subkutanöz yerleşim, atipik yerleşim.*

Human hydatid disease was already known from Hippocrates and Galen. Despite significant advances were made in accurate diagnosis there is still diagnostic problems in some cases. Hydatid disease caused by *Echinococcus Granulosus* is often manifested by a slowly growing mass. Masses often located in the liver and in the lungs (78 %) (1). Others involved are muscles, peritoneum, bone, spleen, pancreas, heart, kidney and brain (2). In this paper a patient with incarcerated inguinal hernia findings due to a subcutaneous hydatid disease is described.

Case

A 41-year-old female patient was admitted with abdominal pain, nausea and vomiting. She had been operated on for liver hydatid cyst six years ago. On physical examination right paramedian laparotomy scar was seen and there was a 10x10x12 cm palpable mass in right inguinal region. Mass was tender and irreducible. During surgery, multivesicular hydatid cyst was revealed (Figure). In the exploration of the abdomen there were multiple cysts in the liver, mesocolon, ovaries and uterus. Partial cystectomy

and drainage was performed for hydatid cyst of the liver. Other cysts were completely excised. One year after the operation there was recurrence in the liver and drained percutaneously guided with ultrasound.

Discussion

In the endemic areas it is reported that soft tissue hydatid diseases consist 2.3 % of all cases. They are usually associated with involvement of other organs or tissues (3). Clinical manifestations of hydatid disease are related with compression of the involved organ. In the subcutaneous cases, a palpable mass is the most frequent finding. In our patient there was a soft, irreducible mass in the inguinal region. The radiological findings have been well described for liver and lung lesions in the literature. Recently published reports described US, CT and MR findings of the hydatid disease involving lower extremities (3-4). Preoperative diagnosis of hydatid disease is essential to minimize the complication of the hydatid disease and to give a chance to determine the treatment modalities (5).

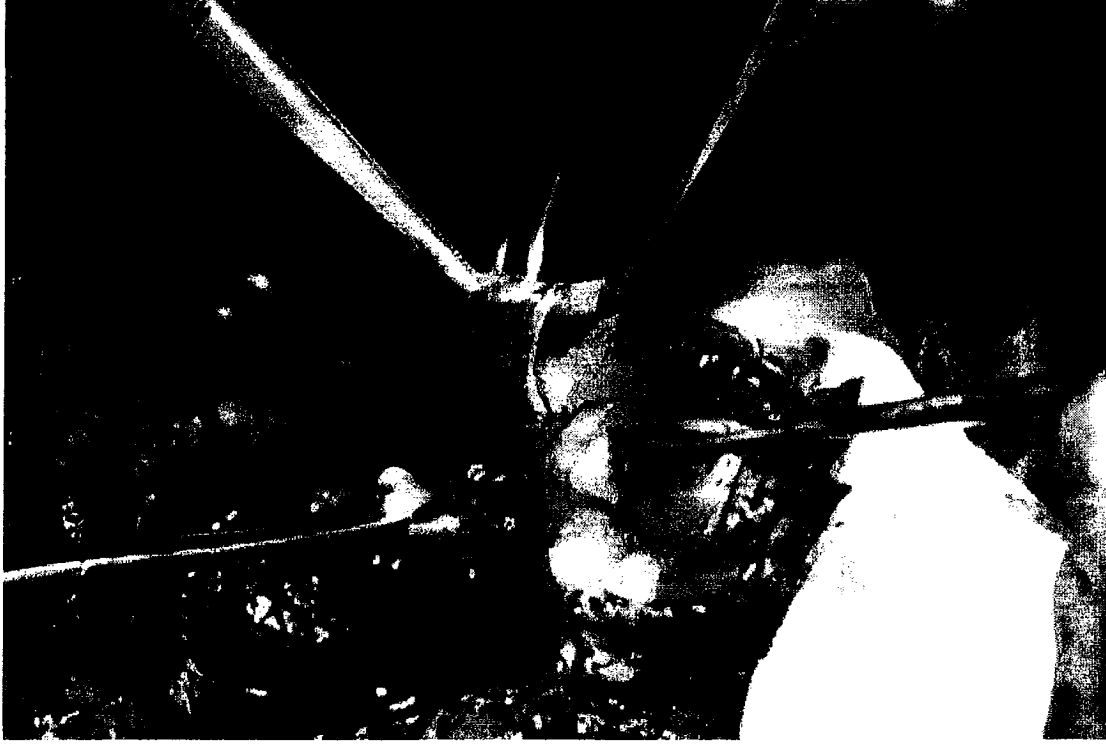


Figure. Daughter cysts inside the main hydatid vesicle.

Hydatid disease should be considered in the differential diagnosis of mass lesions in every anatomic location, especially when the patient gives a hydatid disease history. Also hydatid disease should be kept in mind in endemic areas. Therefore diagnostic-imaging modalities must be used in all subcutaneous masses. The presented patient was misdiagnosed preoperatively as incarcerated inguinal hernia and operated immediately.

Corresponding Address:

Dr. Recep Çetin
Süleyman Demirel Üniversitesi
Tıp Fakültesi
Genel Cerrahi Anabilim Dalı
32100/Isparta/Türkiye

References

- 1-Amir-Jahed AK, Fardin R, Farzad A, Bakshandeh K. *Clinical echinococcosis. Ann Surg.* 1975;182(5):541-6.
- 2-Emamy HM, Asadian A. *Unusual presentation of hydatid disease. Am Surg.* 1976;42(11):875-8.
- 3-Chevalier X, Rhamouni A, Bretagne S, Martigny J, Larget-Piet B. *Hydatid cyst of the subcutaneous tissue without other involvement: MR imaging features. AJR Am J Roentgenol.* 1994;163(3):645-6.
- 4-Martin J, Marco V, Zidan A, Marco C. *Hydatid disease of the soft tissues of the lower limb: findings in three cases. Skeletal Radiol.* 1993;22(7):511-4.

- 5-Yegen C, Ozer AF, Aktan AO, Yalin R. *Sacrococcygeal hydatid cyst: another entity in the differential diagnosis of sacrococcygeal chordoma. Case report. Paraplegia.* 1993;31(7):479-81.