

CASE REPORT

## ISOLATED SPLEEN CYST HYDATID SPLEEN PRESERVATIVE SURGICAL TREATMENT

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### ABSTRACT

Hydatid cyst is a common health problem of world in sheep grazing area. Liver is the most commonly involved organ. Splenic hydatid cyst is uncommon and its isolated involvement is very rare. We are presenting a case of isolated hydatid cyst of spleen in a eleven year old male patient with complaints of pain in the left hypochondrium, dyspepsia and features of gastritis for the last 1 year. The diagnosis was confirmed by Contrast enhanced CT scan (CECT). Preservative surgical treatment was performed. The aim of this case report is to emphasize that the most important factor in diagnosing splenic hydatid cyst is the awareness of its possibility and the intra operative precautions which will decrease morbidity and mortality in the postoperative period.

**Keywords:** Biventricular non-compaction; Ebstein's Anomaly; Wolf Parkinson White Syndrome; Mitral Valve Prolapsus

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### INTRODUCTION

Hydatid disease caused by the tapeworm *Echinococcus granulosus*. It is prevalent in sheep grazing area. Humans are intermediate host. Liver followed by lung are common sites of involvement. Surgery is the mainstay of treatment. Splenic hydatid is a rare entity and isolated involvement of spleen is an exceptional. We are reporting a case of isolated hydrated cyst of spleen in a eleven year male patient who was treated by spleen protector surgery. This case report was prepared according to the SCARE guidelines, which aim for consensus-based, clinical case reporting guideline development [1].

### CASE REPORT

A eleven year old male patient presented with complaints of pain in the left hypochondrium with dyspepsia and heart burn for the past one year. Pain was dull aching and intermittent in nature, and increases after intake of meal. It resolved spontaneously after 1–2 h. There was no history of pet dogs or sheep at home. Abdominal examination showed no organomegaly. Laboratory blood tests were all

within normal limits. X-ray chest and abdomen were unremarkable. An ultrasound abdomen showed a well defined cystic lesion of about 450 ml volume in the splenic parenchyma near the hilum showing thick internal membranes and echoes.

**Figure 1:** Tomography Image of Spleen Cyst Hydatid.



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CECT abdomen confirmed the USG findings demonstrating evidence of well defined complex cystic lesion of approximate size of 9,8 × 8,5 cm in upper aspect of splenic parenchyma with wall calcification and internal floating hyper dense membranes, suggestive of hydatid cysts.

## DISCUSSION

Hydatid disease occurs mainly in sheep-grazing areas of the world. Man is an accidental host of *Echinococcus granulosus* after ingestion of eggs. Larva liberated from eggs penetrates the bowel mucosa to enter the portal system thereby spreading to various organs [2]. Although hydatid disease can affect any part of the body, the cysts are by and large found in the liver (55.6%) and lungs (30%)[3,4]. According to Gupta et al., cysts are found in the liver (55%–60%), lungs (30%), kidney (2.5%), heart (2.5%), bones (2%), muscles (1%), brain (0.5%) and spleen (1.5%) [5]. The incidence of splenic involvement by hydatid cysts in relation to the rest of the abdominal viscera is extremely low, constituting 0.5 to 4% of all cases of hydatidosis [5]. Symptoms of splenic hydatidosis are left hypochondriac mass, dull aching pain, dyspepsia, heart burn, constipation and dyspnea, infection, rupture or fistulization to the colon. Differential diagnosis includes other splenic cystic lesions, such as simple cyst, abscess, hematoma, and neoplasm. Diagnosis is confirmed by abdominal ultrasound and CT scan. On ultrasound of abdomen, splenic hydatid cyst may present as an anechoic spherical cystic lesion with hyper echoic marginal calcification. CT abdomen confirms the cystic lesion with or without daughter cysts within the spleen. Other tests are Casoni test and enzyme linked immuno absorbent assay (ELISA). This case report emphasizes that we should always suspect the uncommon presentation of isolated hydatid cyst of spleen whenever a patient presents with splenomegaly. Spleen preservation surgery is considered to be a better choice than splenectomy in childhood age group.

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