

PRIMARY PELVIC HYDATID CYST IN A PATIENT WITH PREVIOUS TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY

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ÖZET

ÖNCE DEN TOTAL ABDOMİNAL HİSTEREKTOMİ VE BİLATERAL SALFİNGO-OOFEREKTOMİ YAPILMIŞ HASTADA PRİMER PELVİK HİDADİT KİST

Primer hidadit kist hastalığı değişik semptomlarla seyreden az görülen bir hastalıktır. Biz uterus ve overleri cerrahi olarak çıkartılmış bir hastadaki primer pelvic hidadit hastalığı takdim ediyoruz. Kistin total eksizyon cerrahi laparoskopi ile yapılmıştır. Cerrahi sonrası hastaya yüksek doz albendazol uygulanmıştır. Radyolojik ve sonografik takiplerinde tam rezolusyon saptanmıştır. Özellikle endemic bölgelerde pelvic kitlelerin ayırıcı tanısında hidadit hastalık akla gelmelidir.

Anahtar Kelimeler: Pelvik hidadit hastalık

ABSTRACT

Primary pelvic hydatid disease is a rare condition presenting with various symptoms. We report a case of primary pelvic hydatid disease in a patient whose uterus and ovaries were removed surgically. Total excision of the cyst was performed by operative laparoscopy. Postoperative period was uneventful and the patient was treated with high doses of albendazole. Follow-up radiologic and

sonographic investigation showed complete resolution, with no other diseased site. Hydatid disease should be considered in the differential diagnosis of pelvic masses especially in the endemic regions.

Key Words: Pelvichydatid disease

Introduction

Hydatid cystic disease is an infection of sheep and cattle caused by the larval form of *Echinococcus granulosus*, excreted by the canine definitive hosts. Human hydatid disease is acquired by ingestion of food contaminated with the eggs of the parasite. Although human hydatid disease may affect any part of the body, the liver, lungs and bones are affected most often.

The female reproductive system is a rare site for hydatid disease and primary pelvic involvement is an extreme rarity(1). Although there are few reports of hydatid disease involving pelvic structures like uterus(2), ovaries(3) and fallopian tubes(4), there is little evidence that primary hydatid cysts exists in cases whose pelvic structures were surgically removed.

Case Report

A 46-year-old multiparous woman was referred to the endoscopic surgery unit for a cystic mass in her pelvis. The patient reported

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a 16-month history of pelvic surgery (total abdominal hysterectomy and bilateral salpingo-oophorectomy) for uterine leiomyoma. After the surgery, the postoperative period was uneventful and she was remained symptomless for fourteen months. Two months before her admission to the hospital, she felt a deep vague pain in her pelvis and during the control; a pelvic cystic mass was diagnosed.

Her pelvic examination revealed a tense, cystic mass behind the vaginal vault, in the middle line. On sonographic examination, an anechoic, uniloculated cystic mass, 53x50 mm in size was determined (Figure 1). No other pathological findings were observed in the pelvis. Her laboratory findings were within normal limits including chest x-ray, abdominal sonography, tumor markers, liver and renal function tests.

Operative laparoscopy was performed and a 5 cm cystic mass lying between the bladder, right paracolic space and vaginal vault was observed. Total excision of the cyst was performed and the frozen section revealed a hydatid cyst. High doses of albendazole (10 mg/kg) initialized on the second postoperative day and continued for three months. Histologic examination of the cyst showed a pericyst composed of hyalinized connective tissue. Inside the cyst, chitinous layers composed of basophilic laminars and scolices were observed, confirming the diagnosis (Figure 2). The patient was discharged on the third postoperative day. Follow-up radiologic and sonographic investigation showed complete resolution, with no other diseased site.

Discussion

Primary pelvic hydatid disease is a rare condition and primary involvement of uterus, ovaries and fallopian tubes have been reported(2,4). It may cause pressure on the adjacent tissues and may be a reason for pelvic pain. In addition, infertility, obstructive uropathy, foot drop or obstetric problems were reported in cases of pelvic echinococcosis(5,8).

In patients with a history of total abdominal hysterectomy and bilateral salpingo-oophorectomy, pelvic cystic masses are thought to be pseudocysts that are secondary to pelvic adhesions or cysts that are originating from non-gynecologic sites. In the present report of case, the cyst capsule was well-defined with sonography and the typical

sonographic presentation of a pseudocyst was not observed.

Operative laparoscopy was the treatment option for the pelvic cystic mass in this patient and successful excision of the cyst resulted in complete recovery from the pelvic pain after three months of follow-up. The percutaneous technique may be a promising management option in hydatid disease but it has limitations in pelvic masses. Not only the diagnosis but also the treatment is facilitated by magnetic resonance imaging, computed tomography and ultrasonography.

In conclusion, the gynecologists should be aware of the possibility of hydatid disease, especially in the endemic areas, when a cystic mass is found in the pelvis. We conclude that echinococcus granulosus can affect any organ in the body and a high suspicion of the disease is justified in the endemic regions. Moreover, medical treatment should precede and follow the surgical intervention.

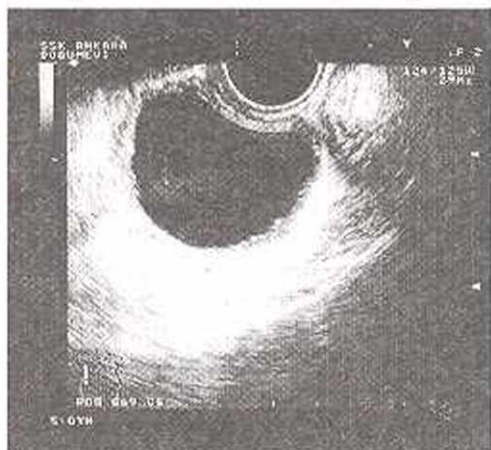


Figure 1: Transvaginal sonographic appearance of the pelvic hydatid cyst.



Figure 2: Hydatid cyst composed of an inner germinal layer (a), and an outer fibrous laminated layer (b).

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