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Gluteal and Lung Hydatid Cyst: A Case Report

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Abstract:- Lung and Liver are usually involved in Hydatid cyst caused by *Echinococcus granulosus* but in any organ it can appear A 35 year old women, married, presented to SMHS hospital Srinagar in 2021 with complaint of chronic cough, Right sided chest pain (occasional), Pain right upper quadrant of abdomen (occasional), and right gluteal painful swelling. In imaging it showed hydatid cysts. We enblocked successfully both the cysts and on albendazole treatment patient was discharged. After surgery on first week, 4 weeks, 8 weeks and 12 weeks there was no recurrence in the symptoms. The possibility of hydatid cysts should be considered in differential diagnosis of any cystic mass in the endemic regions.

***Keywords*:-** *Hydatid ,Gluteal Cyst.*

I. INTRODUCTION

Since Hippocrates Hydatid disease has been known; it is a parasitosis caused by *Echinococcus granulosus* which accidently infect human with no rule in its life cycle; canines as dogs are the definitive host, while intermediate hosts are castles and sheep. In countries where sheep and cattle raising is carried particularly in many Middle East developing countries Echinococcosis remains an endemic surgical problem, [1–3]. Clinical course of the disease is variable. For many years Hydatidosis may be asymptomatic. For other reasons when a cystic lesion is noted during imaging it may become evident. Depending on the size, location, and complications of the cyst it may also be symptomatic [4].Radiologically, the lung has regular outline with intact hydatid cyst , and ruptured cysts can be mistaken for carcinoma or tubercular focus as they may appear as blurred shadow . Impending rupture which is due to collapse of endocyst and partial evacuation of its fluid of the hydatid cyst ,Radiologically can appear as crescent sign, inverse crescent sign, water lilly, or camalote sign, [3, 5]. Casoni's intradermal test or serologically ELISA for detection of immunoglobulinsG, E, and M are some of the labarotary tests for the diagnosis of hydatid disease , more sensitive and specific for diagnosis of human hydatidosis is the detection of IgG antibodies[6]. In hydatid cysts of the lung Surgical treatment is preferred [7–9]. Conservative surgical methods of choice are Cystotomy and Capitonnage as they preserve lung tissues [10]. Regarding hydatid cyst in gluteal region there are few re-ports [11-14].

We report a case of 35 year old female having hydatid lung disease with hydatid gluteal disease.

II. CASE PRESENTATION

A 35year old women, married, presented to SMHS hospital Srinagar in 2021 with complaint of chronic cough, chest pain right sided (occasional), Right upper quadrant of abdomen pain (occasional),and right gluteal progressive pain full swelling for a month,which was more severe in the week prior to the visit. No history of medical disease.

There was tenderness in lateral lower aspect of right side of chest with decreased breath sound on auscultation at the same site and swelling upper lateral quadrant of right gluteal with no erythema, tenderness or warmness.

Normal Neurological and other examinations .HRCT chest showed "A large well defined oval shaped peripheral enhanced cystic lesion (8.5 * 9.5cm) superior to right diaphragm with adjacent minimal right pleural effusion". Computed tomography of right gluteal region showed "Another similar oval shaped hypo dense peripheral enhancing lesion on right gluteal. Normal Ultrasonography of abdomen and pelvis .Patient was subjected to cystectomy. A week prior to surgery Albandazole 400mg twice daily was administered .Under general anaesthesia right posteriolateral thoracotomy with hydatid cystectomy with right gluteal pericystectomy was done under all aseptic precautions.

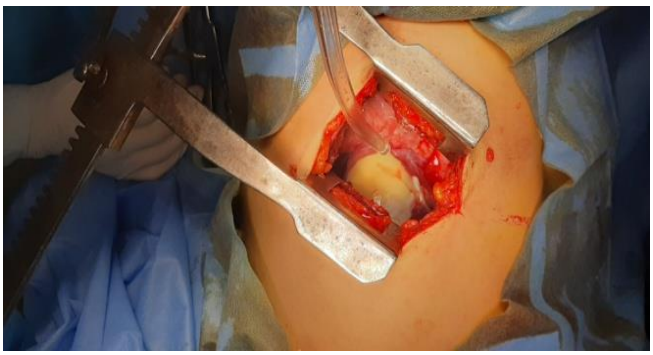

Fig 1 Posteriolateral Thoracotomy Showing Lung Hydatid

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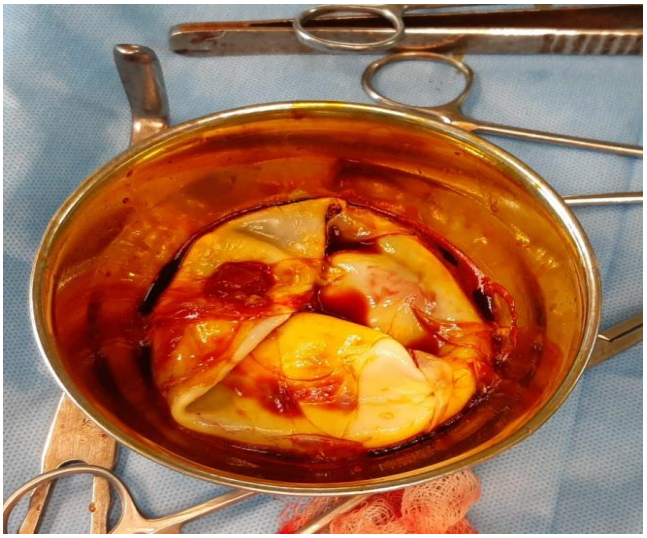

Fig 2 Hydatid Cyst Specimen After Excision from Lung

Postoperative period was uneventful.Patient was discharged after 7 days . Albendazole 400mg twice daily for 3 months. The patient was free of symptoms with no recurrence during the first week, first and second months after surgery follow-up and in the final visit at third months.

Written informed consent for patient information and images to be published was pro-vided by the patient.

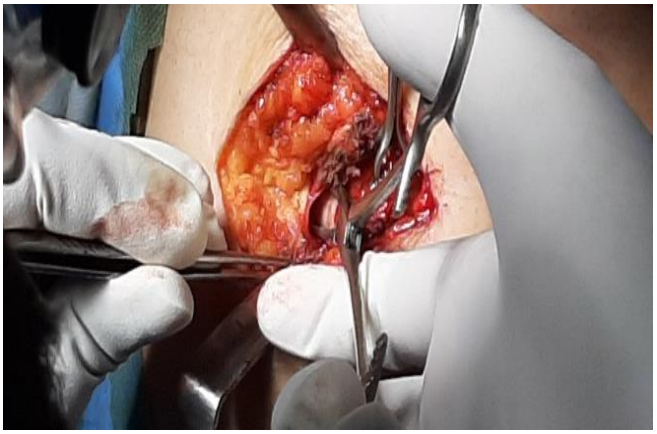

Fig 3 Gluteal Hydatid Cyst Excision

III. DISCUSSION

Liver(50–60%) is the most common localization of hydatid cyst and secondly the lungs (10–30%) [11–13]. As many serious complications by means of rupture into bronchi and pleural cavity or vital organ compression can occur by Hydatid cyst it should receive treatment as soon as diagnosis is established [14]. It is very rare to have Musculoskeletal hydatid cyst including gluteal cyst and is usually present in patients having previous history of hydatid cyst which present with chronic painful mass in that area (15,16). The diagnosis of Hydatid cyst is usually by history, physical examination, imaging findings and serological tests (17,18). Usually there is a history of living in a sheep-raising or cattle-raising rural area and history of animal contact (especially dogs) in these patients (19). The modalities that can show the cyst characteristics as well as involvement of the adjacent tissues are US, CT scan and MRI, while in muscles especially evaluating the depth of the mass MRI is more sensitive, (20). We used all three modalities in our patient, and all had shown characteristics of hydatid cyst in the lung and gluteal region. The best option for treatment of symptomatic and painful hydatid cysts especially if the size is more than 5 cm is Total surgical excision without opening the cyst[20,21] . To reduce risk for local recurrence preoperatively and postoperatively Medical treatment with antihelminithic drugs, such as mebendazole and albendazole, should be considered besides surgery (20,22). Albendazole was received by our patient prior to surgery and for three months after surgery. With no rupture and complications the cysts were successfully excised.

IV. CONCLUSION

Hydatid cyst Although is common in lung and liver . Especially in endemic areas, it should be considered in any patient with growing mass in any organ.

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