

Primary Splenic Hydatid Cyst in a Young Boy – An Uncommon Entity

The Editor,

Sir,

Echinococcosis (hydatid disease) primarily affects the liver; however, secondary involvement due to haematogenous dissemination may be seen in almost any anatomical locations. Isolated hydatid disease of the spleen is very exceptional especially at the hilum region (1). Human hydatid disease can involve the liver (66%), lung (5 – 15%), spleen (less than 2%) and rarely other parts of the body (3). We report a case of splenic hydatid cyst in a teenager.

A 14-year old young male presented with pain in the left hypochondrium over the last three months. There were no other complaints. Physical examination revealed a non-tender moderate splenomegaly. Ultrasonography revealed a hydatid cyst, measuring 9 x 7 cm, entirely within the intact splenic capsule, situated at the hilum of the reasonably engorged spleen with numerous daughter cysts within the mother hydatid cyst (Fig. 1). Chest skiagram was normal.

On exploration, there was moderate splenomegaly, occupying the whole of the left upper quadrant of abdomen and extending up to the level of the umbilicus, laterally. The spleen was tensely cystic at the hilar and perihilar regions but was yielding in the peripheral parts along the greater curvature (Fig. 2). Partial splenectomy or cyst extraction was not regarded as a feasible alternative because the cyst was involving the hilar region adjacent to splenic vessels. Total splenectomy was done.

On cut section, the spleen showed intact bulky hydatid cyst (multiple mother cysts) at and around the hilar region (Fig. 3). Histopathology confirmed the diagnosis of hydatid cyst (Fig. 4).

Isolated splenic involvement in hydatid disease is infrequent, representing less than 2% to 3.5% of all human infestations by echinococcus. Although symptomatic hydatid cysts have been reported sporadically in the spleen, kidney, peritoneal cavity, skin and muscles, isolated hydatid splenic involvement is scarce and often asymptomatic.

Rupture of the hydatid cyst of the spleen may lead to anaphylactic reaction. Harefuah in 1992 described a 20-year old combatant who presented with anaphylactic shock due to rupture of the spleen. Common differential diagnoses comprise abscess, haematoma, epidermoid cyst, pseudocyst and cystic neoplasm of the spleen.

Albendazole is used preoperatively because of its protoscolicidal property, which prevents implantation consequent to inadvertent spillage. There is complete disappearance of cysts in 30% of cases whereas decrease in the size of the cyst is noted in 30–50% of cases. Limited excision of the spleen is practicable in cases where the location of the hydatid cyst is marginal involving peripheral regions sparing

the hilum. Recently, laparoscopic management is also being performed routinely in various higher centres across the globe.

CONCLUSION

The possibility of an isolated splenic hydatid cyst must always be considered in the differential diagnosis of a cystic lump in the left hypochondrium in relation with the spleen. Early intervention can prevent catastrophic complications. It is not possible to preserve the spleen, if the hilar vessels are involved.

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Fig. 1: Sonography showed large cystic mass along the hilar region of spleen.



Fig. 3: Cut section showing multiple daughter cysts in the spleen.

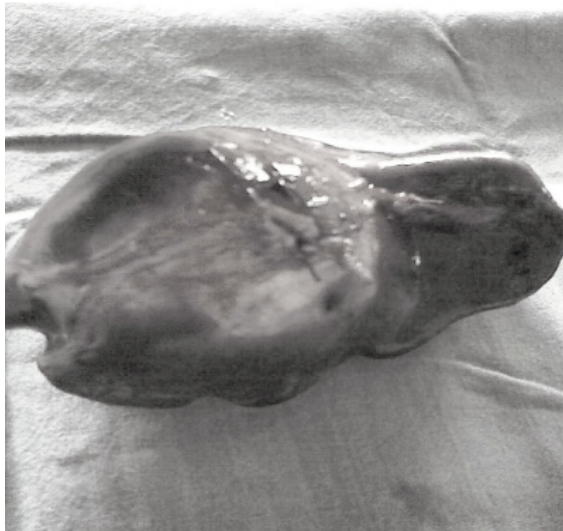


Fig. 2: Gross specimen of spleen with bulging hydatid cyst at hilum.

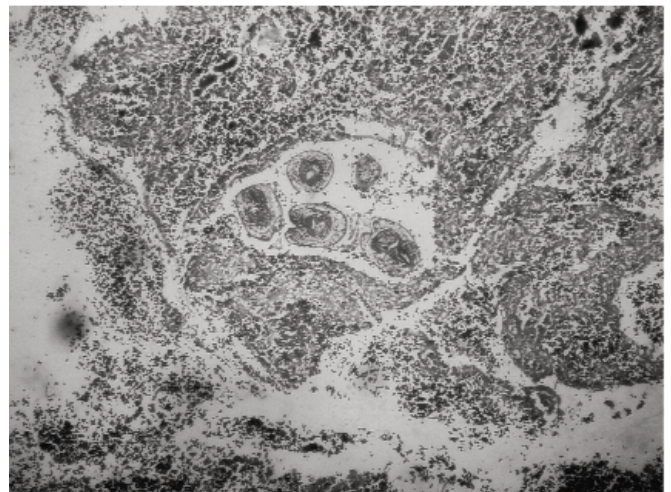


Fig. 4: On histopathology, there was an acellular fibrous wall of hydatid cyst with germinal layer and scolices in the centre (HPE X- 100).