

**DISSEMINATED ABDOMINAL HYDATIDOSIS: A RARE PRESENTATION OF  
HYDATID DISEASE**Dr. Mukesh Kumar<sup>1\*</sup>, Dr. Saurabh Galodha<sup>2</sup>, Dr. D. K. Verma<sup>3</sup> and Dr. Puneet Mahajan<sup>3</sup><sup>1</sup>Junior Resident Department of General Surgery IGMC Shimla.<sup>2</sup>Assistant Professor Department of General Surgery IGMC Shimla.<sup>3</sup>Professor Department of General Surgery IGMC Shimla.**\*Corresponding Author: Dr. Mukesh Kumar**

Junior Resident Department of General Surgery IGMC Shimla.

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**ABSTRACT**

Hydatid disease (HD) also known as cystic echinococcosis is a zoonotic infection caused by the cestode tapeworm *Echinococcus granulosus* and rarely by *Echinococcus multilocularis*. HD is endemic in the cattle grazing areas particularly Australia, New-Zealand, Middle East, India, Africa, South America and Turkey. In humans the HD commonly involves the liver (75%) and the lungs (15%). The remaining (10–15%) of the cases includes the other regions of the body.

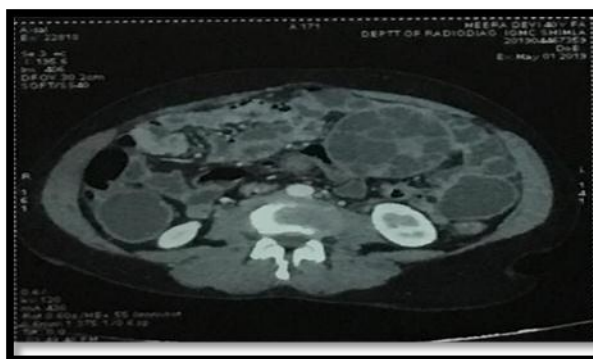
**KEYWORDS:** Congenital Club foot, Ponseti Technique.**CASE REPORT**

A 40 years old lady came to our OPD with 3 months history of abdominal pain and distension associated with nausea, vomiting and fatigue. There was no h/o weight loss, fever or night sweats. She had no respiratory, cardiovascular or genitourinary complaints. She gave history of contact with animals. There was no h/o previous abdominal surgery or trauma. On examination abdomen was distended with multiple firm intra-abdominal lumps. There was no guarding, rigidity or rebound tenderness. Cardiovascular, respiratory, nervous

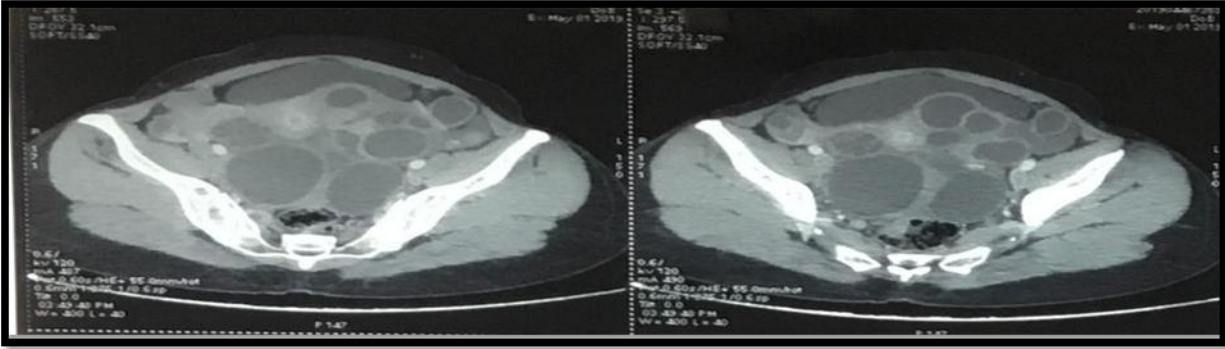
system and musculoskeletal examination were unremarkable. CECT abdomen revealed multiple well defined cystic lesions in both the lobes of liver, spleen, subdiaphragmatic space, right paracolic gutter and pelvis with multiple enhancing septations within them s/o membranes and few others showing daughter cysts within them. The largest of the cyst measuring 12.7 x 12.7 cm was seen in the spleen displacing the left kidney inferomedially. Hydatid serology was positive. Patient was diagnosed as disseminated abdominal and peritoneal hydatidosis.



CYSTS IN LIVER AND SPLEEN



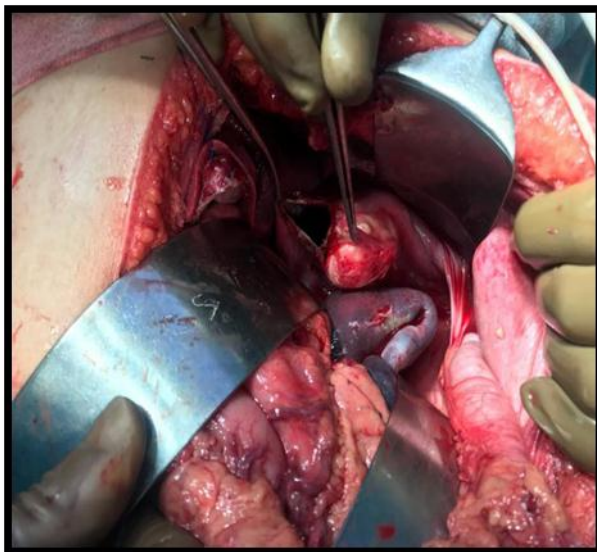
OTHER CYSTS IN PERITONEAL CAVITY



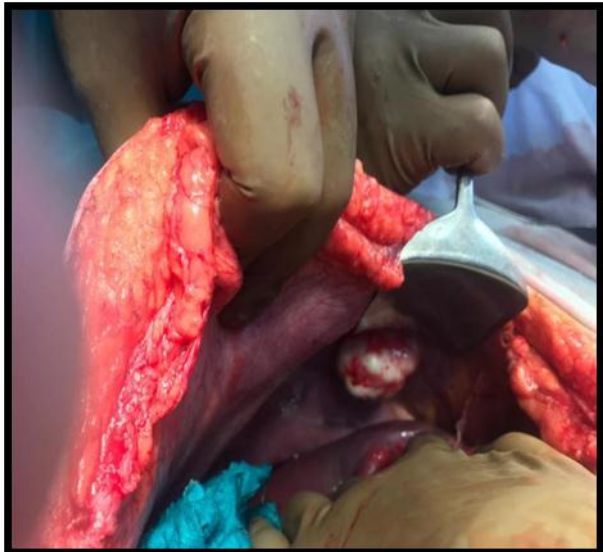
**CYSTS IN THE PELVIS**

Pre and post-operative chemotherapy in form of Albendazole was given. Exploratory laparotomy was done. Multiple hydatid cysts were present in the **liver, spleen, omentum, right and left hemidiaphragm, tip of appendix and in the right ovary and on the surface**

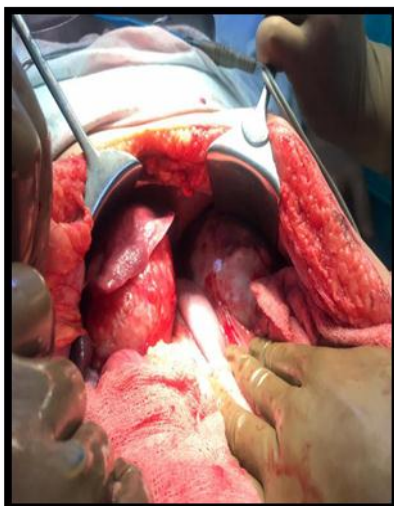
**of uterus.** Enucleation of multiple hydatid cysts in liver, spleen, diaphragm with omentectomy with appendicectomy with right salpingo-oophorectomy was done. Intra-operative and post-operative period was uneventful and patient was discharged on POD 6.



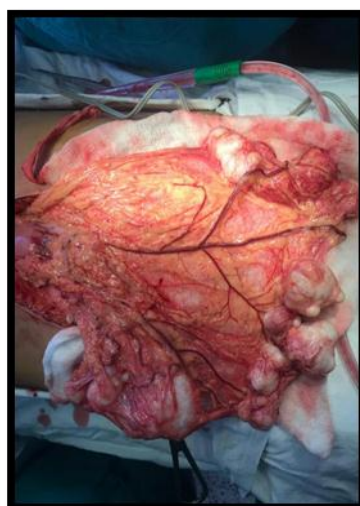
**CYST IN RIGHT HEMIDIAPHRAGM**



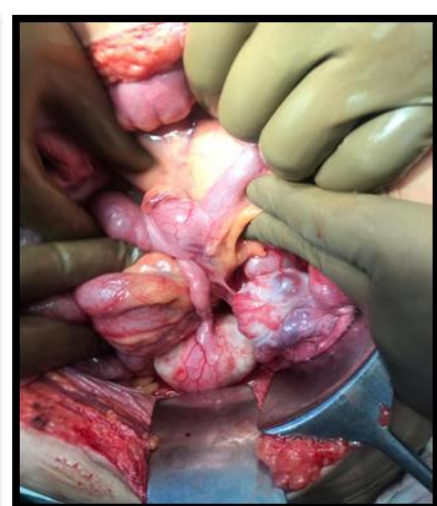
**CYSTS IN LEFT HEMIDIAPHRAGM**



**CYSTS IN LIVER AND SPLEEN**

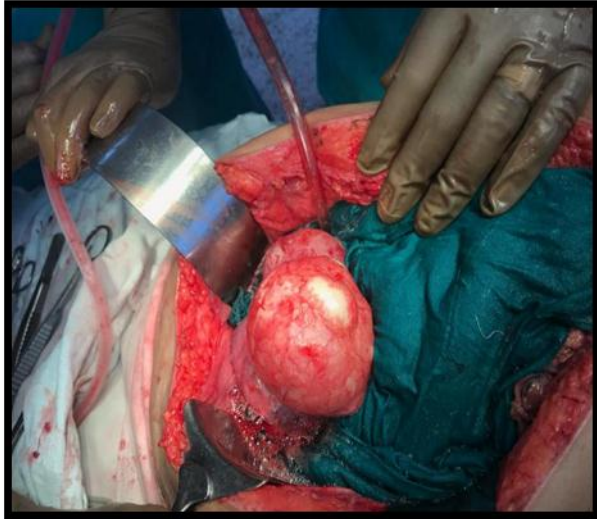


**CYSTS IN RELATION TO OMENTUM**



**CYSTS IN RELATION TO TIP OF APPENDIX**





CYSTS IN THE PELVIS



EXCISED HYDATID CYSTS

### DISCUSSION

Peritoneal hydatidosis is a rare presentation reported in only 2–12% of all abdominal HD. Secondary peritoneal disease, which is the most common form of peritoneal HD, occurs as a result of traumatic or surgical rupture of a hepatic, splenic, or mesenteric cyst. However, spontaneous rupture of intra-abdominal hydatid microcysts into the peritoneum may also occur in about 12% of the cases. Primary peritoneal hydatidosis is an extremely rare entity accounting for just 2% of all intra-abdominal hydatid disease.<sup>[1-3]</sup> Dissemination occurs either by lymphatics or systemic circulation.

There is long asymptomatic period before presentation. Main symptoms are vague abdominal pain, abdominal fullness, dyspepsia, anorexia, nausea and vomiting.<sup>[3]</sup> Symptoms due to peritoneal hydatidosis arise commonly from complications due to enlarging abdominal cysts or rupture into the peritoneum which may present as acute abdominal pain. Antigenic fluid may get absorbed into the circulation and present with acute allergic manifestations.

Diagnosis is based upon radiological and serological tests. On abdominal ultrasound or CT scan lesions appear well defined with or without internal separation.<sup>[4]</sup> Serological tests vary in terms of sensitivity and specificity. Detection of antibodies has a higher sensitivity than detection of antigens.<sup>[5]</sup>

Surgery is done to eliminate local disease, to prevent complications and to reduce the disease recurrence. Open surgery where possible, remains the treatment of choice in large symptomatic peritoneal and coexistent hepatic cysts with good prognosis.<sup>[6,7]</sup>

However pre and post-operative courses of Albendazole and Praziquantel should be considered in order to sterilize the cyst and thus reduce the chances of anaphylaxis and recurrence.

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