

Case Report

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# An Ovarian Hydatid Cyst: A Case Report

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## Abstract

Hydatid cyst in pelvic region is not common and most of the time is because of disease dissemination. We report a case of involvement of ovary and liver at the same time without other sites dissemination that was treated with ovarian cystectomy and liver with marsupialization after drainage and irrigation of cyst with silver nitrate and cyst wall removal.

**Keywords:** Hydatid cyst; Ovary; *Echinococcus granulosus*; Pelvic pain

## Introduction

The *Echinococcus granulosus* infection is so frequent in some regions of the world such as Mediterranean area, East Europe, South America, Middle East, East Africa and Australia [1]. They most of the time occur in the liver (63%) then lungs (25%), muscles (5%) and bones (5%). They can also be found in the kidney, brain and spleen [1]. It is uncommon to diagnose a hydatid cyst in the pelvis as a primary localization [2]. We review a patient with spontaneous liver and ovarian hydatid cyst.

## Case Report

A 26 years old woman was admitted in Azna hospital with weight loss, vague and chronic abdominal and pelvic pain. The patient was a thin young and pale lady with history of appetite to crude meat and cow liver. The abdominal physical examination showed soft abdomen with mild epigastric and lower abdominal tenderness. CXR and abdominal XR were normal. Abdominal sonography 2 large cyst one in right ovary and another in liver infavour of hydatid cyst. Abdominopelvic CT scan was done with intravenous-oral contrast that showed a 10\*10 cm liver hydatid cyst and a 10\*10 cm similar cyst in right ovary (Figures 1 and 2). The patient was scheduled for laparotomy. Midline laparotomy was done findings were a huge right side ovarian cyst that was drained and irrigated with silver nitrate and the wall removed and sent for pathology and also a huge cyst in 7<sup>th</sup> and 8<sup>th</sup> lobe of liver that hepatectomy and marsupialization of liver was done after draining and irrigation of cyst with silver nitrate, and cyst wall was removed completely. The abdomen was closed and the patient was discharged from hospital with oral albendazole therapy. The patient was followed for 1 year after surgery and no recurrence detected after one year.

## Discussion

Pelvic Echinococcosis symptoms are not specific and can present with abdominal pain, menstruation irregularities, infertility and urinary disturbances [3]. A high grade of suspicion or a preoperative diagnosis of Echinococcosis cyst can help us to avoid an intraoperative iatrogenic rupture, and when available, to use previously an albendazole-based therapy to reduce the risk of dissemination that can lead to recurrences [4]. In our case ultra-sound (US) and CT scan associated with a positive clinical history of living in an endemic area raised the diagnosis of hydatid disease, allowing us to use all the procedures that could avoid the onset of recurrence. The US is an important imaging examination that allows knowing the cystic aspect of the lesion, revealing the characteristic fluctuating membranes of the multilocular cyst. CT scan confirms the diagnosis showing daughter cysts and calcifications of the cyst's wall. Ovarian cystectomy, when possible, is the gold-standard treatment. Cases of hydatid cysts aspirated using saline agents have been reported [5].

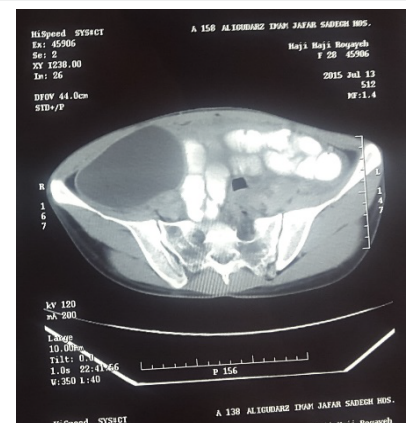


Figure 1: A 10\*10 cm similar cyst in right ovary.

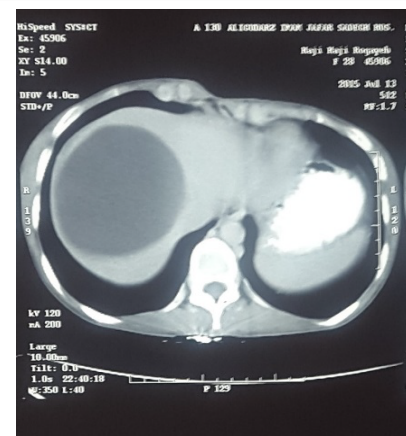


Figure 2: Abdominopelvic CT scan was done with intravenous-oral contrast that showed a 10\*10 cm liver hydatid cyst.

## References

1. Aksu MF, Budak E, Ince U, Aksu C (1997) Hydatid cyst of the ovary. Arch Gynecol Obstet 261: 51-53.

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2. Başaranoğlu M, Sonsuz A, Perek A, Perek S, Akin P (1998) Primary pelvic hydatid cyst. J Clin Gastroenterol 26: 157-158.
3. Dede S, Dede H, Caliskan E, Demir B (2002) Recurrent pelvic hydatid cyst obstructing labor, with a concomitant hepatic primary. A case report. J Reprod Med 47: 164-166.
4. Arif SH, Shams-Ul-Bari, Wani NA, Zargar SA, Wani MA, et al. (2008) Albendazole as an adjuvant to the standard surgical management of hydatid cyst liver. Int J Surg 6: 448-451.
5. Zia S, Enam A, Salahuddin I, Khan A (. 2010) Role of irrigation with hypertonic saline for a recurrent skull base hydatid cyst: case report and review of the literature. Ear Nose Throat J 89: E22–E26.