CASE REPORT

Encysted peritoneal hydatidosis with a hepatic hydatid cyst

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Hydatid disease is an important public health problem in many parts of the world, especially in sheep and cattle farming areas.[1] Most human cases occur where dogs and livestock are raised together. Echinococcosis or hydatid disease is common in South Africa. It is usually hepatic or pulmonary and usually occurs in children.

This particular case focuses on an adolescent with primary hydatid infection of the liver and spillage into the peritoneum. This resulted in encysted peritoneal hydatidosis. A 14-year-old girl was referred from a secondary level rural hospital with a vague history of lethargy and abdominal distention over a period of many months.

Investigations showed her to have a haemoglobin level of 10 g/dl and positive echinococcosis serology

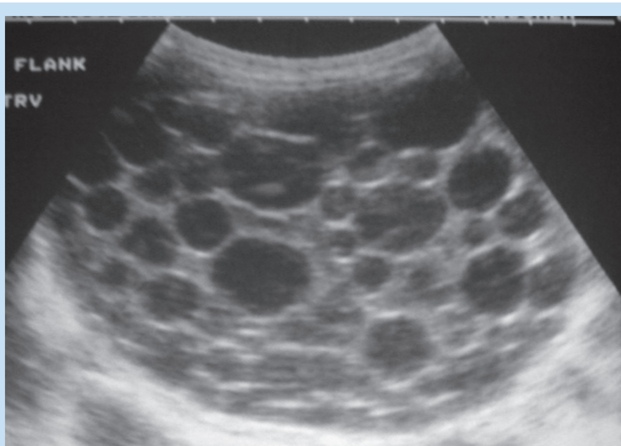

Fig. 1. Longitudinal ultrasound of right upper quadrant showing the hydatid cyst with multiple small daughter cysts.

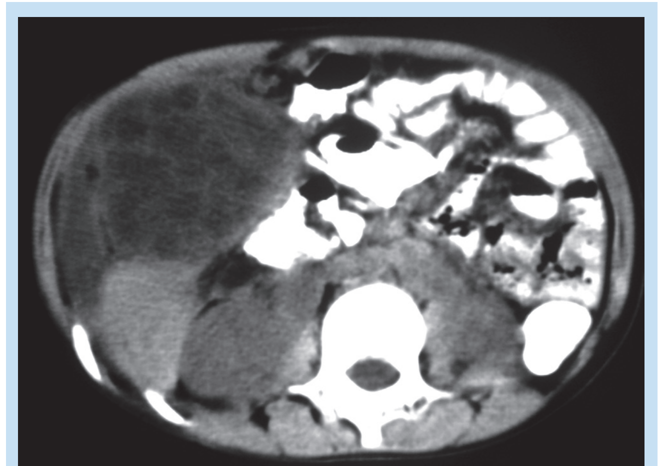

Fig. 2. a. Axial contrasted CT scan demonstrates the hepatic hydatid cyst with internal daughter cysts/brood capsules.

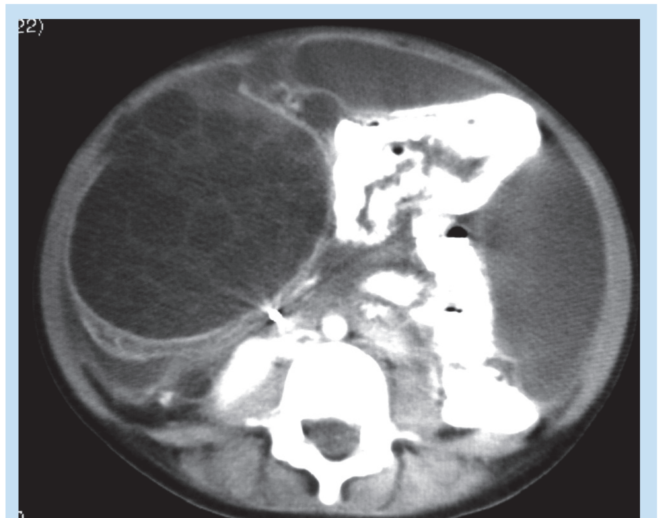

Fig.2b. The hydatid cyst projects beyond the liver margin inferiorly and has ruptured at its anterior margin.

with a titre of 1:80. Her remaining biochemistry test results, including her liver functions, were normal. In addition, abdominal ultrasonography was performed. This showed a massive cystic collection in the right hypochondrium with numerous daughter cysts and associated ascites (Fig. 1).

The CT scan revealed a hepatic hydatid cyst with primary spillage into the parahepatic and paracolic spaces (Figs 2 a-c).

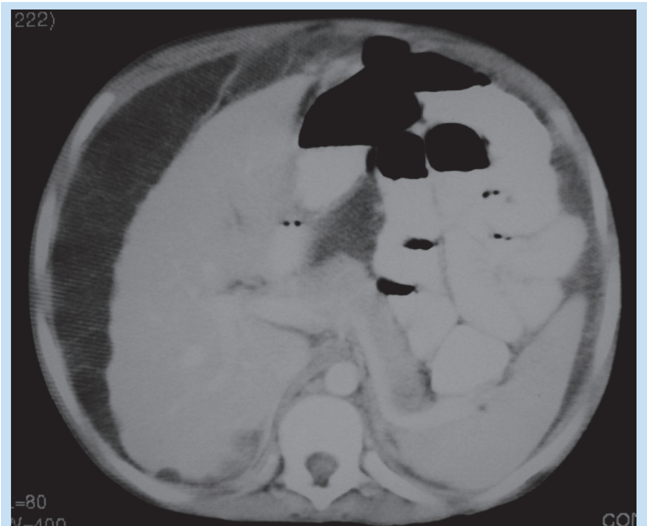

Fig.2c. Axial contrasted CT scan of the abdomen shows intraperitoneal spillage with multiple small cysts compressing the liver and resulting in a scalloped contour.

The patient was initially treated with albendazole, but her response was poor. After 2 weeks, the patient underwent surgery to remove the cyst. After surgery, her management once again included albendazole, after which she recovered well.

Rupture and spillage of hepatic hydatid cyst can lead to dissemination and anaphylaxis. This could prove to be fatal.[2] The presenting condition of our patient may be termed encysted hydatidosis.[3] Early surgical intervention is of paramount importance.[4] Percutanous removal of cysts or injection by way of hypertonic saline solution, is successful in the management of encysted hydatidosis.[5]

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