

## Case report:

### Hydatid cyst of uterus - a case report

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#### Introduction:

Hydatid cyst is endemic in the sheep rearing areas of our state<sup>(4)</sup>. Although liver is the most common organ to be affected by the hydatid cyst, sometimes some unusual organs like uterus, fallopian tubes, pelvic bones are also affected<sup>(1,3)</sup>. We hereby report and discuss a very unusual case of hydatid cyst of uterus. The case was misdiagnosed as an ovarian cyst until the time of operation.

#### Case report:

A 49 year old women, para 4 and 1 abortion came to the gynaecology OPD with irregular bleeding per vagina for the last 1year. Her menstrual periods were regular occurring after 25-30 days and lasting for 3-4 days. She had no history of any long term illness like thyroid disorder, diabetes, hypertension and tuberculosis. Her general physical examination was normal. Per speculum examination revealed a hypertrophied cervix. Per vaginally, uterus was of 8 weeks. Presumptive diagnosis of uterine fibroid was made which was supported by the ultrasonographic examination. The patient was prepared for total abdominal hysterectomy with bilateral salphingoophorectomy. While operating, a 6cm + 5cm cystic mass was seen on the anterior wall close to fundus along with the underlying visible white laminated thick membrane suggestive of hydatid cyst

as shown in fig 1&2. Both ovaries were normal and there was no other pathology. A total abdominal hysterectomy with bilateral salphingo oophorectomy was done with all precautions to wall off the cyst. Histopathology confirmed hydatid cyst of uterus. Postoperatively, patient was put on tab albendazole and extensive total screening investigations for other sites of hydatid cyst was advised. Post operative period was uneventful.

Another case of a 34years old woman, para 2 and 1 abortion was referred with menorrhagia and dysmenorrhoea. She had history of dilatation and curettage 4 months back, which on histopathological examination revealed proliferative pattern with PCR +ve for mycobacterium tuberculosis. She was receiving ATT for the same. Despite treatment she had no symptomatic relief, her cycles were regular but heavy in amount. On examination respiratory & cardiovascular systems were normal. Abdominal examination revealed no mass or ascitis. On Pelvic examination a mass in connection with upper part of uterus on right side was felt with slight tenderness. There was no other local abnormality. On USG, diagnosis of multiseptate right ovarian cyst was made. Laprotomy revealed a normal right and left ovary and the uterine fundus showed a cystic mass. The cyst could not be excised from the uterus so total

abdominal hysterectomy with preservation of both ovaries was done. During macroscopic examination a thick pearly white lamellated membrane was revealed with escape of fluid & many daughter cysts. Diagnosis of hydatid cyst of uterus was made.

**Discussion:**

Hydatid disease is caused by *Echinococcus granulosus*. It is very common among sheep rearing tribal regions. In humans the disease is localized in the liver, lungs and other organs of the body such as spleen, brain, heart and kidneys cases<sup>(2)</sup>. The cyst is

spherical and filled with a clear fluid called hydatid fluid. Symptoms depend on the location of the cyst in the body. Most of unusual locations are secondary hydatid disease. Primary pelvic occurrence is 2%. Uterus, fallopian tubes, ovaries, rectovesical areas and pelvic bones are pelvic locations that have been reported, yet diagnostic dilemma may impose problems according to particular site of occurrence. In conclusion, the gynaecologist should be aware of the possibility of hyatid cyst when a septated cystic mass is found in the pelvis.



Fig - 1: Hydatid Cyst



Fig - 2: Hydatid Cyst seen near fundus of Uterus also seen is a right normal ovary.

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