

## PELVIC HYDATIC CYST: ABOUT A CASE

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### INTRODUCTION

Hydatidosis is a zoonose due to the development in the human body of the larval form of a dog taenia: *Echinococcus granulosus*.<sup>[1-2]</sup> This parasitosis is endemic in Morocco.<sup>[1-2]</sup> Liver and lung locations are the most common.<sup>[1,3]</sup> Pelvic hydatid cysts are rare and deceptive.<sup>[3,4]</sup> Imaging and serology do not always make it possible to make the diagnosis.<sup>[1,3,4]</sup> We report an observation of pelvic hydatid cyst in its pseudo-tumor form.

### OBSERVATION

This is a 64-year-old married mother of six who underwent surgery for pulmonary hydatid cyst 17 years ago. The onset of symptoms dates back six months before its admission by progressive worsening pelvic algias, without associated urinary or digestive disorders, evolving in a context of apyrexia and general state preservation.

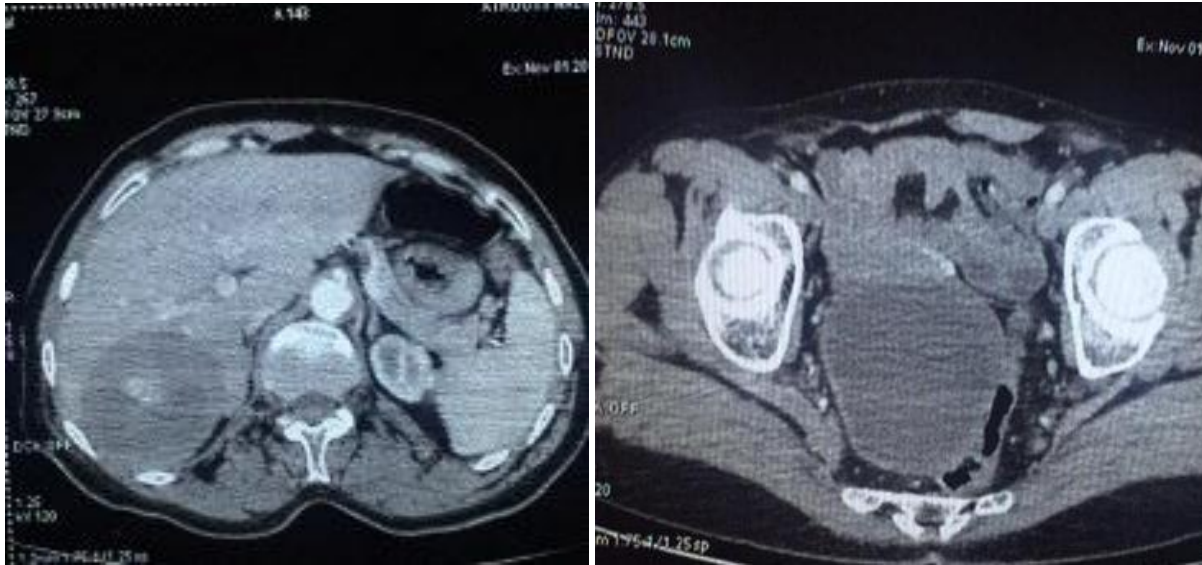
Clinical examination found a bulge of the douglas culs associated with a sensitivity of the right hypochondria.

Ultrasound revealed a thick-walled, regular-walled, thick-walled, renal uterine mass on the pelvic floor with no vegetation or partitions measuring **8.8x7.5cm** (Figure 1). On the abdominal floor a pseudo-tissue mass was found in the V and VI segment of the liver, a heterogeneous rounded woman measuring **7.6x7.2cm** (Figure 2).

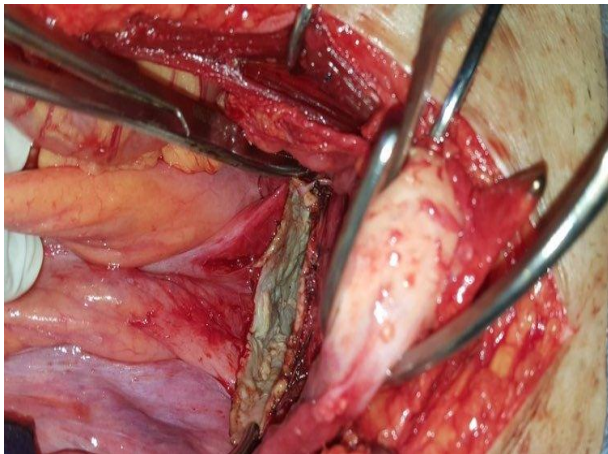


The pelvic CT scan showed a right-sided, well-limited right-sided mass of liquid density, thick-walled, measuring **30x29 mm** and coming into contact with the rectum with loss of separation border Figure 3 and another mass in the V and VI segment of the liver with

the same characteristics and measuring **68x68mm**. Figure 4.



The chest x-ray was unremarkable. The CA125 rate was normal. Surgical exploration found a hydatid cyst of the Douglas cul in contact with the posterior face of the 5 cm uterus.



**Figure 5:** A second location was found in the VI segment of the 8cm liver.

The surgery was performed with all protective measures to avoid possible secondary spread. A resection of the protruding dome was made. The anato-mopathological study was in favour of a hydatid cyst. Post-operative suites étaient simples. La patiente a été mise sous medical treatment with albendazole, currently, it is followed in consultation, without local or peritoneal recurrence.

## DISCUSSION

Echinococcosis is due to the tissue development of the larva of the taenia *Echinococcus granulosus*, a parasite, in its adult state, of the small intestine of canids. The man is an accidental intermediate host. Echinococcosis is endemic in Morocco. The most common location is the liver (59-75%), followed by the lung (27%), the kidneys (3%), the bones (1 to 4%), the brain (1 to 2%). Other locations, such as the heart, pancreas, spleen, omentum, ovaries, parameters, pelvis, thyroid, orbit, backpertimina and muscles are very rare.<sup>[5]</sup> Pelvic location is found in 0.3 to 4.27% of cases.<sup>[6]</sup>

In this clinical form, contamination is usually caused peritoneally and is then secondary to an intra-abdominal cracking or rupture of a hydatid cyst of the liver or spleen.<sup>[7]</sup> The primary pelvic shape is exceptional, and contamination in this case is done through the blood or lymphatic tract from an embryophore that has passed the liver and pulmonary barriers.<sup>[8]</sup>

The symptomatology is very polymorphic, there is no specific or evocative sign, The most common mode of revelation is the discovery of a pelvic mass or compression of the neighboring organs<sup>[9]</sup> that can give urinary signs (dysuria, pollakiuria, hydaturia which is pathognomonic and reflects the cracking of the cyst in the bladder, digestives (constipation), gynecological (metrorragies), obstetrics (dystocia), neurological.<sup>[10]</sup> The disease usually remains asymptomatic for years and is discovered incidentally only during a clinical or radiological examination.<sup>[1,3]</sup>

The interrogation must then look for risk factors: rural, occupation, contact with dogs, a history of surgery for hydatidosis.<sup>[11]</sup> Our patient was of rural origin, had the notion of contact with dogs and an anant of surgery for pulmonary hydatidosis.

The radiological check-up remains the main tool for establishing the diagnosis. Ultrasound is the first-line examination It helps to clarify the characters of the mass, its relationship with the neighboring organs and explore the rest of the abdomen and pelvis in search of other location.

Ultrasound images are categorized into five types as those described during the hydatid cyst of the liver: type I: a very limited pure anechogen image; Type II: anechogen image with membrane detachment; Type III: multivesic liquid collection; Type IV: heterogeneous

echostructure mass, pseudotumoral; Type V: calcified cyst.<sup>[10]</sup>

Our patient had a hydatid type IV cyst. called pseudotumoral and therefore makes the differential diagnosis with an ovarian mass a uterine fibroid, a dermoid cyst or an abscess.

The CT scan then finds its place in this context to confirm the diagnosis and to look for other locations at the level of the abdominal-pelvic cavity.

Magnetic resonance imaging allows the analysis of pelvic ratios of the hydatid cyst inaccessible to CT scans.<sup>[1]</sup>

The chest x-ray is sufficient to find a lung locator. Hydatid serology is positive in 30-70% of cases for extra-hepatic locations.

Hypereosinophilia is suggestive in 33-53% of cases.<sup>[10]</sup> Our patient had no hypereosinophilia but hydatid serology by ELISA test was positive.

The treatment of hydatid cyst is surgical. The way first must be wide. The sterilization of the cyst and the protection of the operating fields is recommended by scolicide solutions (usually by oxygenated water). Total cystectomy is the ideal procedure when the cyst is accessible, but partly or subtotal kystectomy can be performed to avoid injuring the surrounding organs for deep cysts and in contact with vascular elements.<sup>[1,3]</sup> The most commonly used scenucid agents are NaCl or oxygenated water. Exploration should look for other hydatid locations that will be treated at the same time. Postoperative medical treatment based on benzimidazole derivatives (albendazole 15 mg/kg) for several months to prevent recurrence was recommended by some teams. Postoperative surveillance is based on clinical examination, hydatid serology and imaging.<sup>[12]</sup> The last clinical check-up, three months after the procedure, was normal.

The ideal in an endemic country like ours where hydatidosis is a public health problem is to develop the means of prophylaxis whose essential substrate is the control of the definitive host infestation, the protection of the intermediate host and the fight against human contamination..

## CONCLUSION

Pelvic location is an exceptional location of hydatidosis. Clinical symptomatology is often confusing. Ultrasound and CT scans are the cornerstone of the positive diagnosis. The treatment is surgical. Although rare, this diagnosis is not to be overlooked in the face of any pelvic process in a woman in countries endemic for hydatidosis.

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