PRIMARY SUBCUTANEOUS HYDATID CYST OF GLUTEAL REGION - A CASE REPORT

Revathi R¹, Kavitha D², Rani K³

¹Associate Professor, Department of Pathology, Government Theni Medical College, Theni.
²Associate Professor, Department of Pathology, Government Theni Medical College, Theni.
³Professor, Department of Pathology, Government Theni Medical College, Theni.

ABSTRACT

BACKGROUND

Hydatidosis, a helminthic disease of human being can affect any part of the body. Primary subcutaneous and musculoskeletal echinococcosis is very rare even in the endemic area and it represents about 1% to 5.4% of all cases of echinococcosis. In this case report, the primary hydatid cyst is located in the gluteal region. In this case, the initial clinical diagnosis made was lipoma. But the radiological findings suggested hydatid cyst. Due to rarity of the disease and difficulty in its diagnosis and its management particularly in inexperienced clinicians, primary hydatid cyst should be included in the differential diagnosis of soft tissue.

KEYWORDS

Subcutaneous, Hydatid Cyst, Echinococcosis.


BACKGROUND

Hydatidosis, a helminthic disease of human being can affect any part of the body. Hepatic involvement is more common (50% - 75%) and the pulmonary involvement is about 25% - 30%.¹ Primary subcutaneous and musculoskeletal echinococcosis is very rare even in the endemic area and it represents about 1% to 5.4% of all cases of echinococcosis.² In this case report, the primary hydatid cyst is located in the gluteal region. Due to rarity of the disease and difficulty in its diagnosis and its management, particularly in inexperienced clinicians, primary hydatid cyst should be included in the differential diagnosis of soft tissue masses in any anatomical plane, particularly in endemic areas of hydatid cyst.

Case History

A 54-year-old female presented with swelling in the right gluteal region of six years' duration. Swelling had slow growth and gradually increased in size. There was no pain or local discharge. Local examination revealed a lump of size 15 x 10 cms in the upper quadrant of right gluteal region. There was no tenderness, skin changes and the swelling was not fixed. The initial diagnosis made was lipoma. But ultrasonography revealed a cystic mass - Hydatid Cyst. CT abdomen and head and thorax x-ray chest did not reveal hydatid cyst of any other organ. Patient did not have a previous history of hydatidosis.

Under local anaesthesia by transverse incision over the swelling, 15 x 15 cms sized globular swelling was seen in the subcutaneous plane of the right gluteal region. The swelling was excised in toto with intact wall and the specimen was sent for histopathological examinations. The wound was washed with betadine and closed with drain.

Diagnosing with hydatid cyst is very important, especially in non-endemic region, because exposure to the cyst content cause anaphylactic reaction and secondary hydatidosis. Hence, preoperative diagnosis of hydatid cyst is very important.

In this case, the initial clinical diagnosis made was lipoma, but the radiological findings suggested hydatid cyst. According to a study, ultrasonography is the first diagnostic tool used for the detection.³ The sensitivity is 95%. US, routine laboratory tests did not show any specific results. Serological test may be used as secondary diagnostic tool. But in our case, this test was not required for the diagnosis.

En bloc resection alone is the curative for subcutaneous hydatid cyst. In this case, the cyst was removed in toto along with the adjacent tissue. Adjunctive chemotherapy was given to eliminate the possible larvae dissemination. The cut sections showed the multiloculated cyst with multiple daughter cysts.

Figure 1. Gross Specimen - Cyst Wall with Multiple Translucent Whitish Gelatinous Daughter Cysts
DISCUSSION
Hydatid cyst in the subcutaneous plane may be either primary or secondary. Primary subcutaneous hydatid cyst is very rare. Incidence of subcutaneous hydatid cyst is 1.5% (ranges between 0.6% and 2.6%) among all cases of hydatid cyst in endemic areas. The mechanism of the subcutaneous localisation of the hydatid cyst is unknown.

The possible mechanism of subcutaneous localisation of hydatid cyst may be either the parasites has to cross the pulmonary and hepatic barriers to reach the subcutaneous tissues or the systemic dissemination via the lymphatic route. Possibility of subcutaneous contamination through an injured skin is of controversy.

In this case, the hydatid cyst was seen subcutaneously in the right gluteal region. The patient has not undergone any surgery previously for hydatid cyst and it was not found in any other organ. Hence, this patient was diagnosed as having primary subcutaneous hydatid cyst of right gluteal region. The differential diagnosis included were lipoma, chronic haematoma and abscess.

CONCLUSION
Hydatid cyst in the subcutaneous plane may be either primary or secondary. Primary subcutaneous hydatid cyst is very rare. Ultrasonography is the first diagnostic tool used for the detection. Diagnosing with hydatid cyst is very important, especially in non-endemic region, because exposure to the cyst content cause anaphylactic reaction and secondary hydatidosis. Hence, preoperative diagnosis of hydatid cyst is very important.

Due to rarity of the disease and difficulty in its diagnosis and its management, particularly in inexperienced clinicians, primary hydatid cyst should be included in the differential diagnosis of soft tissue.

REFERENCES