Photoclinic Diagnosis: Hydatic cyst in the right temporal region

Histopathologic study of the cyst contents, confimed the diagnosis of hydotid cyst. Hydatical cystis, most commonly involves the liver (1), then lungs and varely striated muscles (2) may be involved at larval stage of edinococcus granulosus and rare edinococcus multilocularis, only in 3% of hydotid disease (3).

Parasite spreads in hematogenous manner (4). Peritoneal, spleaic, mediastinal, renal, bone, heart, brain, muscular (2,5,6). Arterial (7), seminal vesicle (8) involvement rarely happens. Preop sonography, CT scanning and MRI (9,11) and serologic ELISA testing helps diagnosis (12).

New method of FNA and cylologic study as noted by thial, et al may be diagnostic (13).

Appropriate theropy is cysto-peri cystectomy or evacuation (3).

Mebeandazole or albendazole orally as adjunct therapy before and after operation (14), specially when surgery is impossible may be valuable (15).

References

- 1) Schwartz SI. Liver. Principles of surgery. In: Schwartz S, Shires G, Spencer F, Daly J, Fisher J, Galloway A. New York. Mc Graw Hill. 7th Ed. Health profession Division. 1999; P: 1403.
- 2) Khiari A, Fabre JM, Mzali R, Domergue J, Beyrouti MI. Unusual locations of hydatid cysts. Ann Gastroenterol Hepatol (Paris). 1995; 31(5):295-305.
- 3) Latino R, Costa S, Barbagallo E, Virzi A, Vagnoni G. Primary localization of a hydatid cyst in the major dorsal muscle: report of a case. Ann Ital Chir. 1999; 70(1):123-7.
- 4) Hoff JT, Boland MF. Neurosurgery. Principles of surgery. In: Schwartz S, Shires G, Spencer F, Daly J, Fisher J, Galloway A. New York. Mc Graw Hill. 7th Ed. Health profession Division. 1999; P: 1903.
- 5) Lucandri G, D'Elia G, Chiavellati L, Sterpetti A, Meloni E, Canuti W, et al. Unusual location of hydatid cysts: clinical and therapeutic aspects. G Chir. 1994; 15(11-12):529-37.
- 6) Akyar GS, Berksun A, Oguz T. Aggressive hydatid disease of the foot and ankle. Australas Radiol. 1997; 41(1):41-3.
- 7) Papacharalambous G, Panoussis P, Andrikopoulos V, Pappas P, Liapi G. Chronic arterial occlusion produced by hydatid cyst development in the lumen of the femoral artery. Eur J Vasc Endovasc Surg. 1998; 15(6):544-6.
- 8) Pasaoglu E, Damgaci L, Tokoglu F, Boyacigil S, Yuksel E. Hydatid cysts of the kidney, seminal vesicle and gluteus muscle. Australas Radiol. 1997; 41(3):297-9.
- 9) el Moussaoui A, Rabii R, Rais H, Aboutaieb R, Meziane F, el Mrini M, Benjelloun S. Hydatid cyst of the psoas muscle. Apropos of a case. Ann Urol (Paris). 1997; 31 (6-7): 357-60.
- 10) Memis A, Arkun R, Bilgen I, Ustun EE. Primary soft tissue hydatid disease: report of two cases with MRI characteristics. Eur Radiol. 1999; 9(6):1101-3.
- 11) Salai M, Apter S, Dudkiewicz I, Chechik A, Itzchak Y. Magnetic resonance imaging of hydatid cyst in skeletal muscle. J Comput Assist Tomogr. 1999; 23(2):331-2.
- 12) Mandell GL: Echinococcosis (Hydatid and Alveolar Cyst Disease). In: Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases. 5th ed. Philadelphia, Pa: 2000; Churchill Livingstone: 2962-3.
- 13) Mittal S, Mangwana S. Primary diagnosis of soft tissue echinococcosis by aspiration cytology. Indian J Pathol Microbiol. 1993; 36(3): 298-303.
- 14) Rusch VW. Chest wall pleura and mediastinum. In: Schwartz S, Shires G, Spencer F, Daly J, Fisher J, Galloway A. Principles of surgery. 7th Ed. New York. Mc Grow hill. health profession divison. 1999; p:732
- 15) Meyers WC. The liver. In: Sabiston DC, Jr, Lyerly HK, eds. Textbook of surgery. 15th ed. Philadelphia, Pa: Saunders, 1997; 1045-1116.

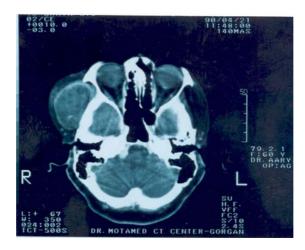
B.Arya (MD), R.Azarhoush (MD), MR.Mohammadi (MD), A.Abbasi (MD)

Corresponding Author:

B.Arya, Department of Surgery, Gorgan University of Medical Sciences

E-mail: arya_b1339@yahoo.com

Photoclinic



The patient was 58 years old lady, admitted due to recurrent right temporal cystic mass, with no previous histopathologic study.

On physical examination, a 3×3 cm mobile, cystic mass was present with no other positive finding.

Skull CT scanning revealed multilocular cystic lesion of right temporal soft tissue, without involvement of orbit, sinuses and temporal bone. Chest radiography and abdoman sonography was reported to be normal.

She undergone operation of cyst evaluation and open underwent draiwage.

She dishcharged after 3 days and no recurrence happened in one year follow up.

Your diagnosis? See page 94 for the diagnosis