

INGUINAL HYDATID CYST MIMICKING INGUINAL HERNIA: UNUSUAL LOCATION OF HYDATID DISEASE

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ABSTRACT

Hydatid disease is endemic in Mediterranean region. The liver and the lungs are the most commonly involved organs. Isolated inguinal hydatid disease is extremely rare and is usually secondary to the involvement of other organs. We describe here a case of an adult with a right inguinal swelling progressively increasing in size with occasional pain. The diagnosis of right inguinal hernia was made. Hydatid cyst was detected coincidentally detected during surgical.

Key words:

Hydatid Cyst; Inguinal Hernia; Hernial sac

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INTRODUCTION

The diagnosis of inguinal hernia often seems simple. Usually, no further examination is necessary for the diagnosis. Rarely, this simple entity may present as a result of another pathology [1]. We report a case of hydatid cysts masquerading a right inguinal hernia that was surgically removed.

Case Report

A 56-year old patient was admitted to our hospital for a right inguinal mass which had gradually grown in size. On physical examination, a cystic, non-tender oval swelling of 9 cm was palpable in the right groin. Routine blood tests were normal. Nothing abnormal was detected in the chest radiograph. A right inguinal hernia was diagnosed. And a Surgical approach was approved. Upon incision of the right inguinal region, an oval cyst was found adherent to the spermatic cord within a hernial sac. It was carefully dissected but a daughter cysts, and the laminated membrane were found inside the sac after an accidental opening of the hernia sac (figure 1, 2).



Figure 1 Showing hydatid cyst in the inguinal hernial sac



Figure 2 The hernia sac was ruptured and the germinative membrane was seen.

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A hydatid fluid was aspirated. Then, with ten minutes of waiting after the introduction of an adequate amount of a scolicial agent (oxygenated water) for killing protoscolices. After the removal of the vesiculas, the cyst was carefully freed from surrounding structures and total excision of the cyst was performed (figure 3). Hydatid cysts were confirmed histopathologically.



Figure 3 After the removal of the vesiculas, the cyst was carefully freed from surrounding structures and total excision of the cyst was performed

Albendazole treatment was administered postoperatively, at a dose of 10 mg/kg body weight per day in six courses lasting 4 weeks separated by 14-day intervals. There was no problem observed in the patient during a Two years follow-up.

DISCUSSION

The echinococcus or hydatid disease (HD) is an endemic problem in some areas of the world including Mediterranean regions [2]. Hydatid cyst is mostly localized in liver (70 %) and lung (18–35 %). In 5–13 % of the patients both organs are affected [2-4]. In this study, a very rare case of hydatid cyst which was localized in the inguinal canal is presented. (Hydatid cyst in abdominal incisional hernia[3] a few cases was reported in the literature. The mechanism of infestation is not clear; dissemination via lymphatic or systemic circulation has been implicated as a possible route [4].

Hydatid cyst of the inguinal canal is very rare. There are no specific symptoms. HD and the disease usually remains asymptomatic for years. Clinical manifestation is due to mass effect of enlarging abdominal cyst [5]. For an unusual localization site the diagnosis can be difficult. The differential diagnosis of such swelling includes inguinal hernia, encysted hydrocele of the cord, lipoma of the cord. Our case of Hydatid cyst in inguinal canal was not diagnosed preoperatively due to very rarity of this disease at this unusual site [5]. Sonography of scrotal swellings can differentiate hydatid cyst from other swellings of the cord. Lipomas of the spermatic cord can mimic an indirect hernia sac exactly [6].

The common complications are a rupture of the cyst responsible of anaphylactic reaction, infection of the cyst and compression of adjacent organs responsible for an occlusive syndrome [2].

Surgery is still the mainstay in the treatment of hydatid disease [2, 3, 7] a careful and complete surgical excision; the partial or subtotal cystectomy can be performed to avoid to adjacent organs injury [7]. The use of hypertonic saline or hydrogen

peroxide solutions before opening the cavities tends to kill the daughter cysts and therefore prevent further spread or anaphylactic reaction.

Medical treatment is largely ineffective in curing the disease, although it may stabilise it. (A clinical image) Mebendazole or albendazole are used as adjuvant therapy to surgery to prevent recurrence however, in the case the disease recurrence or multiple locations, chemotherapy should be used routinely [4, 7, 8, 9].

CONCLUSION

The hydatid disease is very common in North Africa. Hydatid disease is very rare in the inguinal canal. In endemic areas, patients with progressive enlarging groin swelling, possibility of Hydatid cyst should be kept in mind and should be operated as early as possible.

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