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Case Report

GIANT LIVER HYDATID CYST: A CASE REPORT

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ABSTRACT

Hydatid disease or cystic echinococcosis is an anthropozoonosis caused by larval stages of dog tapeworm belonging to the genus Echinococcus (family Taeniidae). Here a case of giant hydatid cyst of liver is presented

Case report

A thin built 25 years old male farmer presented to OPD complaining vague abdominal pain in right upper quadrant of abdomen and epigastric region since 2 -3 months. He was experiencing yellowish discoloration of sclera and low grade intermittent fever since last 2 months. There was no history of GI bleed, fever, nausea, vomiting and diarrhoea. He did not have any urinary complaints or any history of loss of appetite or loss of weight. Per abdominal examination revealed mild upper quadrant tenderness as well as a soft well defined regular rounded mass moving well with respiration over right upper quadrant. Serum bilirubin – 20.22, ALT/AST- 42/18, Alkaline phosphatase- 688, Albumin – 3.1. Ultrasound showed a well defined cystic lesion of size: 5 x 5 x 10 cm in right lobe of liver. CT scan showed a cystic lesion with septae (Fig 1) and MRI scan depicted the cyst lesion suggestive of hydatid cyst (Fig 2). Wet mount microscopy of cyst fluid demonstrated presence of hooklets (Fig 3). ELISA was reactive for IgG antibody against Echinococcus. A diagnosis of hepatic hydatid cyst was made. The patient undergone endoscopic retrograde cholangiography and left duct internal stenting along with endoscopic nasobiliary drainage of cyst. The patient improved, but fever persisted. Hence percutaneous drainage of cyst was done and fever gradually subsided. Albendazole 600mg OD was prescribed and the patient was discharged apyrexic with stable vitals. His pain abdomen was also relieved. Follow up was advised after 2 weeks with a future plan of extended right hepatectomy after normalization of bilirubin.

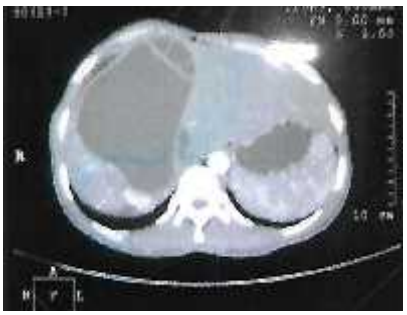

Fig 1 CT showing the hydatid cyst septae

Fig 2 MRI showing the hydatid cyst

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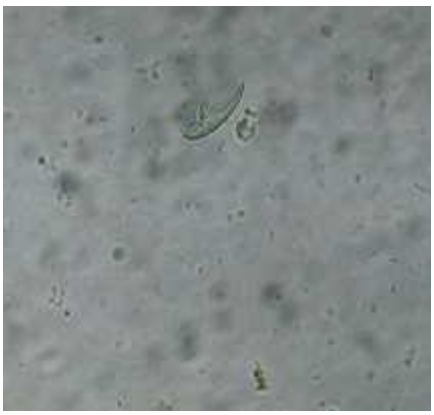

Fig 3 Microscopy of cystic fluid showing hooklet

DISCUSSION

Dog is considered to be the definitive host of this cosmopolitan anthropozoonosis and human acts as an accidental intermediate host. Most common site of cystic echinococcosis is right lobe of liver, though atypical locations were reported in the literatures (Turgut, Altin *et al*. 2007). Rate of growth of hydatid cyst is 2-3 cm each year though it depends later upon surrounding tissue resistance (Pedrosa, Saiz *et al*. 2000). Many a times it remains asymptomatic (Ozturk, Aydinli *et al*. 2007) for years unless complications in the form of rupture resulting in anaphylactic shock develops. Hydatid cyst can be accurately diagnosed by ultrasound, computed tomography or MRI scan. Serology adds to it and microscopic demonstration of helminthic components in cyst fluid microscopy makes the diagnosis more confirmatory. Surgery in combination with chemotherapy always gives best result of treatment outcome (Cretu, Codreanu *et al*. 2012).

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