PELVIC HYDATID CYST WITH MASSIVE BILATERAL HYDRONEPHROSIS AND HYDROURETERS: AN UNUSUAL PRESENTATION

Mumtaz Khan[1], Irum Sabir Ali[1]

ABSTRACT

An unusual case of Hydatid cyst in pelvis is presented here. This patient presented with symptoms of bladder outlet obstruction (BOO). The cystic mass pressing against the neck of urinary bladder had caused bilateral hydronephrosis and hydroureters (HN/HU). Patient got better and had complete relief off symptoms after cyst was removed.

Keywords: *Hydatid Cyst, Bladder Outlet Obstruction, Bilateral Hydroureters.*

This article may be cited as: Khan M, Ali IS. Pelvic hydatid cyst with massive bilateral hydronephrosis and hydroureters: An unusual presentation. KUST Med J 2009;1 (2): 69-70

INTRODUCTION

Hydatid disease in man is not uncommon in this part of the world. The disease is caused by ingestion of ova of Echinococcus granulosus. The common site of developing hydatid cyst is liver[1]. Any organ of the body may be affected, but to have an isolated cyst in pelvis is rarely reported. We report a case of hydatid cyst in pelvis pressing against the neck of urinary bladder and so compelling the patient to report with symptoms of bladder outlet obstruction (BOO) and bilateral hydronephrosis and hydroureters (HN/HU).

CASE REPORT

A 52 years old Afghani reported with 2 years symptoms of BOO. He went into acute retention of urine 25 days ago and was catheterized by a local GP. He gave history that he has bilateral renal stones. Digital rectal examination (DRE) revealed cystic mass above but adjacent to prostate. Ultra Sound (US) abdomen reported bilateral renal stones, bilateral HN/HU and a cystic mass in the pelvis. Plain X-ray KUB revealed, big staghorn stones in both kidneys. Intravenous pyelography (IVP) reported massive bilateral HN/HU with stones. Blood urea and serum creatinine were normal. Isotope renal scan was done which reported; adequate functioning kidneys, with bilateral obstructive uropathy GFR was 89.49 ml/min on left side and 93.66 ml/min on right side. Cystoscopy was done, no reason for mechanical obstruction to the flow of urine could be identified. Surgery was decided. Surprisingly a big cystic lump of 20 cm by 15cm was found behind the urinary bladder pressing against the neck causing bilateral massive hydroureters. This cyst when opened was found to be hydatid with few scolices only. When the investigations like ultrasound and CT done preoperatively were reviewed again no radiologist had even shown any doubt that the cyst could be hydatid. Whole of the cyst was removed, both the ureters were opened (ureteromies) at pelvic brim level. DJ stents were put in to ensure free drainage of urine into urinary bladder with the hope that within 6-8 weeks time HN/HU will settle. He was discharged on oral tablets of Albendazole 2 BD for 4 weeks. After 6 weeks of surgery, ultrasound reported normal renal tract with no HN/HU. DJ stents were removed with the advice to come for review after 3 months time.

BILATERAL MASSIVE HYDRO-URETER AND HYDRONEPHROSIS

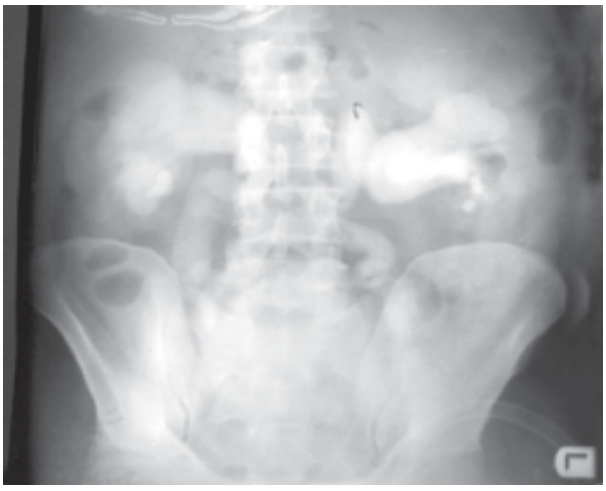

Fig. I

1 Department of Surgery, Postgraduate Medical Institute, Lady Reading Hospital Peshawar, Pakistan

Address for Correspondence:

Dr Mumtaz Khan Department of Surgery, Postgraduate Medical Institute, Lady Reading Hospital Peshawar NWFP Pakistan

Date Received: 16 June 2009

Date Revised: 11 September 2009

Date Accepted: 14 September 2009

BILATERAL RENAL STONES CAUSED BY STASIS

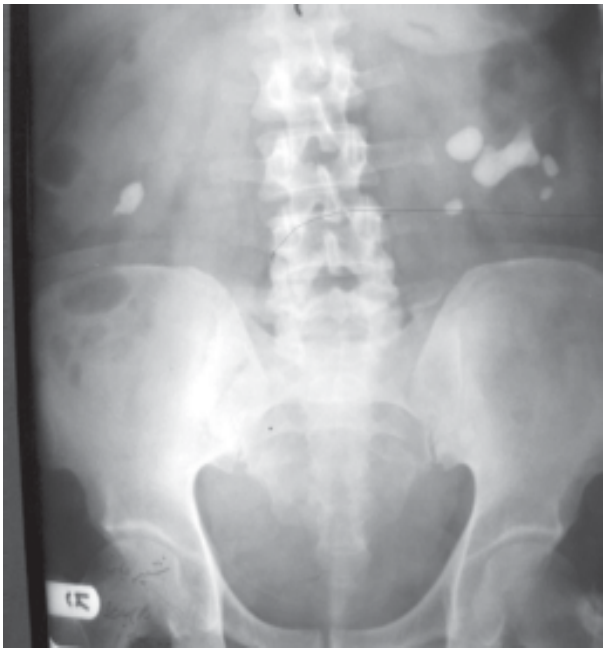

Fig. II

DISCUSSION

Hydatid disease in human is caused by the ingestion of the ova of Echinococcus granulosus. It can lodge in any organ of the body including peritoneal cavity[1]. Retroperitoneal retrovesical location is rare for Hydatid cyst. Aydinli B et al reported 14 cases of primary retroperitoneal Hydatid cysts. Out of these only one was in the retrovesical area[2]. Angulo JC et al have reported 25 retrovesical cases of Hydatid cyst from an endemic area in Spain. Out of the 25 cases 3 cases presented with retension of urine[3]. Four cases of retrovesical Hydatid cysts in 17 years have been reported from Tunisie[4].

Ameur A et al reported 6 cases in 12 years period of retrovesical Hydatid cysts[5]. According to Mosbah A et al retrovesical location for Hydatid cyst is rare. They reported 3 cases in 5 years[6]. Maternite et al have suggested that in patients with pelvic masses on Ultrasonography Hydatid cyst may be considered in differential diagnosis. They reported 8 cases in 6 years which made up 0.80% of all pelvic masses[7]. The treatment is excision as in other places. Laparoscopic management of 2 retrovesical hydatid cysts has been reported from India[8]. A case of large retrovesical suprapubic mass has been reported in the literature which was found to have caused bilateral HN/HU on CT scan. This mass had displaced urinary bladder superiorly and anteriorly which was found to be hydatid cyst[9]. This is what exactly we had in our patient.

REFERENCES

1. Chiodinic P. Parasitic infection. In: Russel RCG, Williams NS, Bulstrode Cjk (Edn): Bailey and Love's short practice of surgery. 24th ed. London. Arnol, 2004: 165-168.
2. Avdinli B, Ozturk G, Polat KY, Atamanalp SS, Ozbey I, Onbas O, et al. Extravisceral primary hydatid cyst of the retroperitoneum. ANZ J Surg 2007; 77(6): 455-9.
3. Angulo JC, Escribano J, Diego A, Sanchez-Chapado M. Isolated retrovesical and extrarenal retroperitoneal hydatidosis: Clinical study of 10 cases and literature review. J Urol 1998; 159(1): 76-82.
4. Ben Adballah R, Hairi M, Aoun K, Aved M. Retrovesical and retroperitoneal extrarenal hydatid cyst: descriptive study of 9 cases. Prog Urol 2000; 10(3): 424-31.
5. Ameur A, Boumadian H, Agira A, Draoui D. Retrovesical hydatid cyst. Apropos Prog Urol 1998; 8(4): 557-60.
6. Mosbah A, Zemni S, Guermazi H, Dahmoul H. Retrovesical hydatid cyst (or of Douglas pouch). Apropos of 3 cases. J Urol (Paris) 1989; 95(8): 465-9.
7. Laghzaoui-Boukaidi M, Bouhya S, Soummani A, Hermas S, Bennan O, Sefrioui O, et al. Pelvic hydatid cyst: apropos of 8 cases. Gynecol Obstet Fertil 2001; 29(5): 354-7.
8. Kumar S, Pandya S, Agrawal S, Lal A. Laparoscopic management of genitourinary hydatid cyst disease. J Endourol 2008; 22(8): 1709-13.
9. Uygur MC, Gulerkaya B, Karakoc A, Erol D. A solitary hydatid cyst of the retrovesical region. Int Urol Nephrol 1999; 31(1): 45-7.

CONFLICT OF INTEREST
Authors declare no conflict of interest