

## Hydatid Cyst of Spleen: A Rare Entity

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### Abstract

Hydatid disease (Echinococcosis) is a zoonotic infestation and it is endemic in those countries where sheep and cattle raising industry are prevalent due to close association between man, sheep and dog. Man is the accidental intermediate host. We report an isolated hydatid cyst of spleen in a young male which is an uncommon site for hydatid disease because most cases of hydatid diseases are in liver and lung.

**Key words:** Hydatid cyst; Spleen; infestation

### Introduction

The larval form of the genus Echinococcus, of which Echinococcus granulosus is the most common, causes of hydatid disease. The liver and lungs are the organs most commonly involved. Splenic involvement in hydatid disease is uncommon, representing less than 2% to 3.5% of all human infestations by Echinococcus [1, 2].

In India, the recorded prevalence of the splenic hydatid cyst is 2.5%, with the highest incidence reported in the central parts [3]. The first case of a splenic hydatid cyst was reported by Berlot in 1790 from an autopsy [4]

### Case Report

A 25 year old male presented with complaints of pain and heaviness in left side of abdomen since 6 month, No history of vomiting, jaundice, fever, chest pain and breathlessness was present. On examination spleen was enlarged and splenic notch was just palpable on left sub costal region. Blood examination was normal but serological test (ELLISA) for echinococcus was positive. Chest x ray was normal. On ultrasound examination of the abdomen, liver was normal but spleen was enlarged (16 cm across hilum) in size and showing multiloculated cystic lesion in the upper pole of the spleen with bright echogenic periphery suggesting wall calcification measuring 8.5x7.3 cm in diameter within the spleen.(Fig.1) He was subjected to computerised tomographic (CT) scan abdomen which found a thin walled, solid cystic lesion of size 7.7X9.6x7.5cm in superior pole of spleen,lesion showing variable sized daughter cysts, central hyper dense area and peripheral wall calcification with attenuation value near that of water s/o hydatid cyst (Fig.2). There was no surrounding abnormality and no enhancement following intravenous contrast administration and was diagnosed as splenic hydatid cyst. Patient underwent preoperative immunisation for Pneumococcal, H.influenzae and Meningococcal organism and splenectomy by left subcostal incision without spillage was performed, specimen show 8x10 cm size calcified lesion on upper pole of spleen (Fig3.). Histopathology report shows hydatid cyst of spleen (Fig.4). Post operatively albendazole 400 mg twice a day given for three

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Fig.1 USG of abdomen showing multiloculated hydatid cyst on upper pole of spleen



Fig.2: CT scan of abdomen showing hydatid cyst of spleen