AN UNUSUAL SITE OF HYDATID CYST: SCROMTUM

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ABSTRACT
An unusual of hydatid cyst in the scrotum presenting as an acute scrotal welling is reported. The nature of the cyst and its management are discussed.

Key Words: Hydatid cyst, Scrotum.

INTRODUCTION
The term hydatid disease properly refers to the cystic metacestode stage, and echinococcosis refers to infestation of the principal host with the worm. The disease can be caused by any one of the species of the canine tape worm Echinococcus (E. granulosus, E. multilocularis and E. oligaettas) and has a cosmopolitan distribution.1

In Nepal no proper study has been done yet, but by the patient coming in western Regional Hospital, the disease is more common in this part of the country, mostly Kaski, Banglung, Myagdi, Parbat, and Mustang districts.

CASE REPORT
A 18 year young male presented to the Emergency Ward of the Western Regional Hospital, Pokhara with a history of scrotal swelling of one week duration with mild pain.

One systemic examination no other abnormality found. On local examination cystic mass was found which was separate from testis, increased local temperature, and reddish skin color, translucency was positive.,

In laboratory investigations no abnormality was found.

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Chest X-ray was normal. Ultrasound of the abdomen showed no liver hydatid cystic lesion but ultrasound of the scrotum showed cystic lesion.

**PER OPERATIVE FINDING**

An oblique incision was made in left groin on exploration of the scrotum there were three cystic lesions with white membrane and clear fluid was present in side the cyst.

Post operation period was run uneventful. Histopathological report revealed hydatid cyst of the scrotum.

**DISCUSSION**

The most common sites of hydatid disease are represented by the liver and the lungs. In 10% of cases hydatid cyst arises in unusual viscera; mainly spleen (0.9-8%) and also kidney, bones, heart, brain, peritoneum (0.5-5%). Other exceptional location was described in less than 1% of all cases of hydatid cysts. To our knowledge this is the first case of scrotal hydatid cyst reported from Nepal.

Ultrasound examination of the scrotum showed multiple cystic lesion and the diagnosis was confirmed by histopathological examination. Enzyme-linked immunosorbent assay was also positive.

Cystopericystectomy is the gold standard procedure. Albendazole is an effective scolicide for medical treatment. Recommended dosage for adults is 400mg twice daily for 28 days, followed by 14 drug free days, up to three cycles may be given. The chemotherapy at present should be restricted to the elderly or unfit patient for surgery, disseminated disease and technically inaccessible cyst.

**REFERENCE**

4. Angelescu N, Cristian D, Bordea A et al.; Hydatid cyst of the head of the pancreas – a clinical case; Chirurgia. 1998, 92 (5); 325-304.