Revista Española de Enfermedades Digestivas
The Spanish Journal of Gastroenterology

Title:
Colonic fistulization of hydatid splenic cyst. An unusual complication as the debut of the disease

Authors:
Marta Fernández Carrasco, Ana Plaza Fernández, Carmelo Diéguez Castillo

DOI: 10.17235/reed.2024.10958/2024
Link: PubMed (Epub ahead of print)

Please cite this article as:
Fernández Carrasco Marta, Plaza Fernández Ana, Diéguez Castillo Carmelo. Colonic fistulization of hydatid splenic cyst. An unusual complication as the debut of the disease. Rev Esp Enferm Dig 2024. doi: 10.17235/reed.2024.10958/2024.

Revista Española de Enfermedades Digestivas
The Spanish Journal of Gastroenterology

Colonic fistulization of hydatid splenic cyst. An unusual complication as the debut of the disease

Marta Fernández Carrasco (mfcarrasco16@gmail.com).
Ana Plaza Fernández
Carmelo Diéguez Castillo
Department of Digestive Diseases. Hospital Universitario Torrecárdenas. Almería.

Keywords: Splenic hydatid cyst. *Echinococcus granulosus*. Colonic fistulization.

Dear Editor,

We present the case of a 70-year-old male smoker who was admitted due to left flank abdominal pain and constitutional syndrome, associated with preserved bowel habits, without significant changes in blood tests.

An abdominal ultrasound showed a normal-sized spleen with a focal lesion at the inferior pole measuring 5 cm in diameter with coarse calcifications.

Further computed tomography (CT) with contrast is performed, revealed the splenic lesion with coarse, dystrophic calcifications and a subcapsular collection with intraluminal gas, suggesting intralesional necrosis or superinfection. The colonoscopy showed a fistulous opening at the splenic flexure with spontaneous drainage of purulent material, and biopsies were negative for malignancy (Figure 1).

The case was presented in a multidisciplinary committee, and a decision was made to perform total splenectomy and left hemicolectomy after a three-month preoperative treatment with 80 mg of albendazole orally. The final histological result of the surgical specimen was a splenic hydatid cyst.

DISCUSSION

Hydatidosis is a zoonosis caused by *Echinococcus granulosus*, with the most frequent location being the liver (70%), followed by the lungs (20%), with renal or splenic involvement being less common. It is usually asymptomatic, often representing an incidental finding. Symptoms are due to the expansion of the cyst or from the

inflammatory reaction it causes in the host. (1)

Between 20-40% of cases may lead to complications such as rupture, hemorrhage, or the formation of abscesses or fistulas to the biliary tract, lung, or peritoneum (2), with isolated cases of fistulization into the colon described in the literature (3).

Diagnosis is based on imaging and immunological tests, including the detection of antibodies. Eosinophilia in blood may not be present. Serological diagnostic methods complement radiological findings, with 20% of cases showing seronegative results. Percutaneous fine needle aspiration (FNA) biopsy carries a 2.5% risk of anaphylaxis (2).

Medical treatment consists of the administration of anthelmintic drugs, with albendazole or mebendazole being the most commonly used. It has a success rate of 74%, making it suitable for small cysts (< 5 cm) without associated complications.

For larger cysts or in the presence of complications, radical surgery is indicated, with total closed cystopericystectomy being the technique of choice, sometimes combined with perioperative use of benzimidazoles (1).

In splenic hydatid cysts, the treatment is primarily surgical, with splenectomy being the best option (4).

BIBLIOGRAPHY

1. Ferrer Inaebnit E, Molina Romero FX, Segura Sampedro JJ, González Argenté X, Morón Canis JM. A review of the diagnosis and management of liver hydatid cyst. Rev Esp Enferm Dig. 2022;114(1):35–41. DOI:10.17235/reed.2021.7896/2021

2. Mihmanli M, Idiz UO, Kaya C, Demir U, Bostanci O, Omeroglu S, et al. Current status of diagnosis and treatment of hepatic echinococcosis. World J Hepatol. 2016;8(28):1169–81. DOI: 10.4254/wjh.v8.i28.1169

3. Fernández Salazar L, Matas Gómez V, Calabia del Campo J, Abril Vega C, Bombín Mínguez M. Quiste hidatídico fistulizado al colon. Rev Esp Enferm Dig. 2005;97(9):673–4.

4. Echenique Elizondo M, Frías Ugarte F, Ibáñez Aguirre J. Hidatidosis esplénica. Cir

Revista Española de Enfermedades Digestivas
The Spanish Journal of Gastroenterology

Esp. 2000;67(2):161–3.

Revista Española
de Enfermedades Digestivas
The Spanish Journal
of Gastroenterology

Revista Española de Enfermedades Digestivas
The Spanish Journal of Gastroenterology

Echenique Elizondo M, Frías Ugarte F, Ibáñez Aguirre J. Hidatidosis esplénica. Cir Esp. 2000;67(2):161–3.

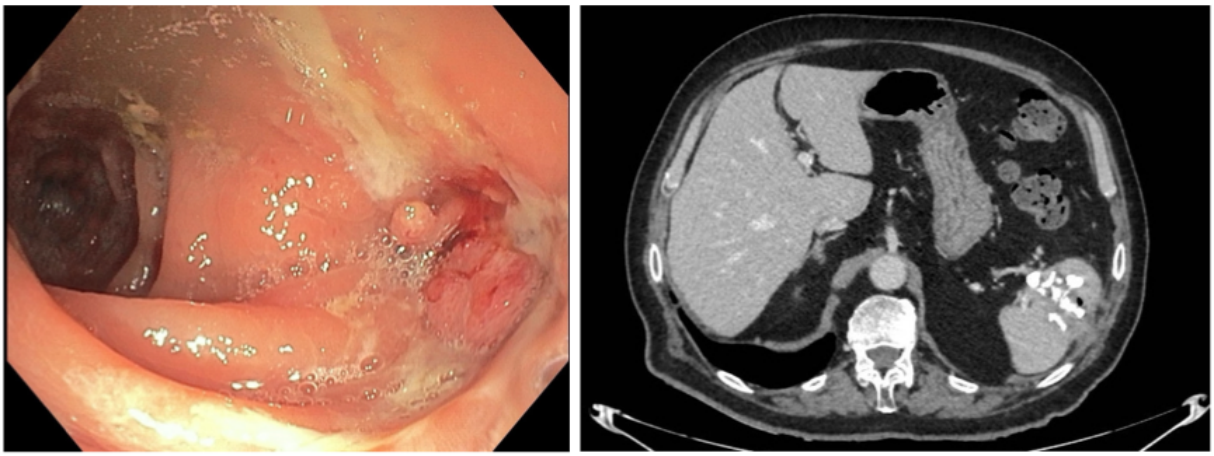

Figure 1. On the left, a colonoscopy image showing a fistulous opening with surrounding granulation tissue and the discharge of purulent material. On the right, an abdominal CT image showing a splenic cyst with coarse calcifications and intra-cystic gas.