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Pelvic hydatidosis: an exceptional location

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CASE REPORT

We present the case of a 42-year-old male with a previous pulmonary resection at three years of age and a right hepatectomy at eight years of age. There was also an incidental finding of a pelvic cystic lesion on abdominal ultrasound. A computerized tomography (CT) and a magnetic resonance imaging (MRI) identified three pelvic cysts (8.2, 7.5 and 3.2 cm) in contact with the bladder, rectum and prostate (Fig. 1A and B). A radical surgery of two of the lesions and partial cystic resection of the most caudal lesion were performed (Fig. 2).

The second case was a 33-year-old female with epigastric pain. An ultrasound examination identified hepatic and pelvic hydatidosis. CT (Fig. 3) identified cystic space-occupying lesions (SOLs) with septa and calcifications of the wall in both hepatic lobes as well as a 10 cm mass in the hypogastrium. A total resection of the pelvic lesion and partial resection of hepatic lesion that affected segments II, III, Iva, VII and VIII were performed.

DISCUSSION

Hydatid disease is a zoonosis and is still endemic in some Spanish geographical areas. The most frequent sites are the liver and lungs, although it can affect any location due to hematogenous spread. Extrahepatic and extrapulmonary lesions represent only 10%

of the total and a pelvic location is exceptional (1). Hydatidosis can affect the pelvis in a primary manner, with or without liver or lung lesions, or can be due to peritoneal dissemination secondary to an intra-abdominal cystic rupture. Most cases are incidental findings. In the symptomatic cases, these are caused by the effect of the mass, anaphylaxis or rupture (2). Treatment depends on the cyst, location and symptoms and surgery is mandatory if there is any type of complication. Total resection is the gold standard, whenever possible (3).

REFERENCES

1. Pedrosa A, Saiz J, Arrazola J, et al. Hydatid disease: radiologic and pathologic features and complications. *Radiographics* 2000;20(3):795-817. DOI:10.1148/radiographics.20.3.g00ma06795
2. Prousalidis J, Tzardinoglou K, Sgouradis L, et al. Uncommon sites of hydatid disease. *World J Surg* 1998;22(1):17-22. DOI: 10.1007/s002689900343
3. Brunetti E, Kern P, Vuitton DA; Writing Panel for the WHO-IWGE. Expert consensus for the diagnosis and treatment of cystic and alveolar echinococcosis in humans. *Acta Trop* 2010;114(1):1. DOI: 10.1016/j.actatropica.2009.11.001

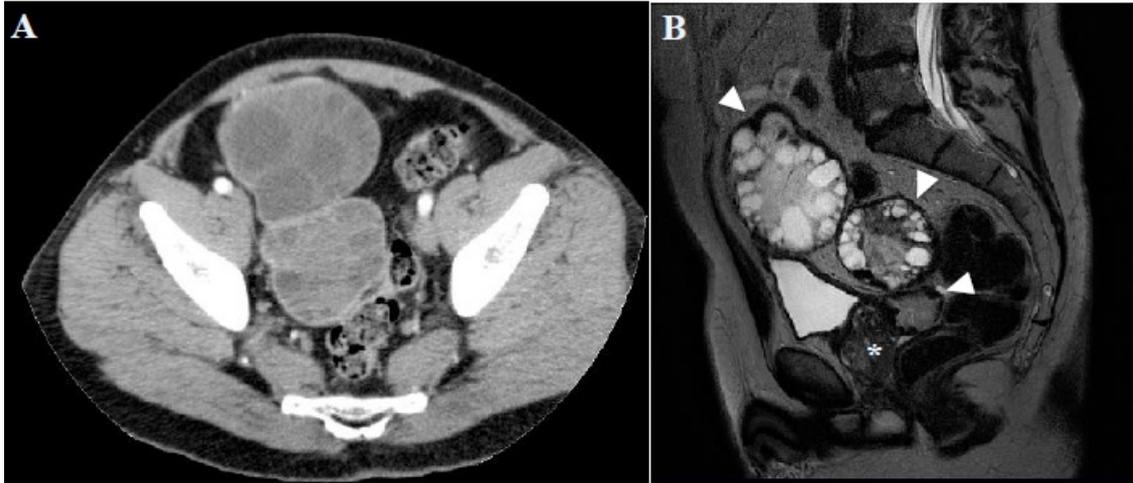


Fig. 1. A. Contrast-enhanced axial multidetector CT (MDCT) revealed two pelvic rounded and well-defined lesions that contain multiple cysts due to daughter cysts. B. A MRI sagittal T2- weighted image shows the pelvic cystic masses with daughter cysts attached to the periphery. The lower hydatid cyst makes contact with the prostate gland (asterisk). Note the low-signal-intensity rim (rim sign) that represents the pericyst (arrowheads).



Fig. 2. Total resection of two pelvic hydatid cysts, with daughter cysts.



Fig. 3. Contrast-enhanced coronal MDCT shows a lesion with multiple daughter cysts that affects the right and left liver (arrow). Pelvic dissemination was identified (arrowhead).