
HYDATID CYST IN THE BACK MUSCLES; A RARE PRESENTATION

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Summary

Hydatid cyst is endemic in animal breeding area. Local reports from Iraq indicates that its prevalence in the central and southern zones. It usually affects the liver followed by the lungs. Reports of rare infection of different organs in the body are presented in the literature. In this report, we present a young lady with a hydatid cyst excised from the back muscles. Investigations proved that this was the only cyst. We believe that this is a rare occurrence.

Introduction

Echinococcosis is a zoonosis caused by the larval stage of taenia echinococcus where humans are the accidental intermediate host and animals are both intermediate and definitive hosts. This disease is a major cause of human morbidity and mortality in many parts of the world. Echinococcosis is widespread, and it is not confined only to sheep-raising countries. Increasing and growing incidence of world travel among all people make hydatidosis a global problem of increasing importance. Echinococcus is endemic in many Mediterranean countries, the Middle and

Far East, South America, Australia and East Africa. There are three closely related species of Taenia echinococcus which can cause disease: *E.granulosus*, *E.multilocularis* and *E.oligarthrus*.

Case Report

A 35 year-old female patient presented with a swelling in her back. She gave a history of previous operation 4 years ago in the same site and was told that it was a hydatid cyst. On examination, an oval mobile mass was felt underneath a longitudinal scar on the right side of her lower thoracic vertebrae. Its mobility decrease on extending the back. Her general investigations were normal. Plain x-rays of the chest and abdomen were normal. U/S of the mass described a cystic lesion with septations, while that of the abdomen was normal. Complete excision of the mass was done after

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injection of absolute alcohol and a recurrent hydatid cyst was confirmed. She was given Mebendazole 100mg tds for 6 weeks and was followed for one year without recurrence.



Figure 1, 2 and 3. Hydatid cyst completely excised.

Discussion

Hydatid cyst is a common pathology in our country¹. It is also common in

Greece, France, Australia, South America and Iceland while it is rare in United States^{2,3}. It affect both sexes usually the young age group and in those who live in the rural areas. Swallowed eggs by the humans can be carried by the portal bloodstream into the first capillary filter—the liver parenchyma, where over 80% of hydatid cyst develop. The second filter, i.e. the lungs are affected in 15% of cases⁵. Other organs are affected rarely, such as the brain⁶, kidney⁷, heart⁸, bone⁹ and breast¹⁰, subcutaneous hydatid cyst had been published occasionally in the literature¹¹⁻¹⁶.

One of most controversial issues in surgery for hydatid disease is its recurrence. Most authors define recurrence as a growing cyst increasing in size between ultrasound examinations at the original operative site, or as the appearance of a cyst at a new site. The recurrent hydatid cyst might be due to re-infestation and / or spillage of hydatid fluid and its contents during the operation which can be attributed to inefficacy of scolicial agents. In our case, we think that the recurrence is attributed to the spillage of contents during the previous operation. U/S examination is diagnostic in more than 90% of cases, but CT scan and MRI are also used. Regarding chemotherapy for hydatid disease, it was reported that benzimidazole carbamates, mebendazole and albendazole were effective against the cystic form of the *E. granulosus* infection in experimental animals. Early reports in human were also encouraging¹⁷. This case is a contribution to the rare cases presented in the soft tissues.

Many modalities of treatment have been mentioned for hepatic hydatid cysts including recently laparoscopic procedures^{18,19}. In our case, complete excision of the cyst without spillage gave fruitful result.

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