

FISTULIZED SUBCUTANEOUS HYDATID CYST – CASE PRESENTATION

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Abstract: Disease mentioned even by the ancient Egyptians, hydatid disease is most frequently localized inside the liver, but once the liver filter is exceeded, this illness can have any localization. This paper presents a case of hydatid cyst with subcutaneous placement, which we consider very rare, and which is very poorly mentioned in literature.

Keywords: hydatid cyst, under skin cyst

Rezumat: Afecțiune menționată încă din antichitatea egipteană, boala hidatică este cel mai frecvent localizată la nivelul ficatului, dar odată depășit filtrul hepatic această afecțiune poate avea orice localizare. Lucrarea de față prezintă un caz de chist hidatic cu localizare subtegumentară, pe care o considerăm foarte rară și care se regăsește în puține cazuri și în literatură.

Cuvinte cheie: chist hidatic, localizare subtegumentară

INTRODUCTION

Echinococcosis or hydatid cyst is a parasitic disease known since the time of Hippocrates who, observing and developing in the liver called a „ full of water liver disease”. The first documents about this disease were earlier mentioned about 1550 years BC in ancient Egypt (Ebers papyrus).

Human-animal relationship was documented in 1781 by Palas, and a year later, in 1782 Goetze determine the nature of parasitic disease. Another important step was taken in 1786 when Batsch isolated etiologic agent, Taenia Echinococcus granulosus, which then would be only one of the etiologic agents, currently there are over ten types of tapeworm of which is the most common form granulosus in Eurasian space. For the first time the term of hydatid cyst was used by Rudolph in 1808.

Medicine has made in time steps needed to elucidate the etiology, pathogenesis and diagnosis of this disease, so far, hydatid liver disease tends to restrict the aggression.

Topography is the preferential hepatic (60-70%), which reached via portal circulation, followed by lung (20-30%), splenic (3-5%), renal (2-3%), muscle (2%), brain (1-2%), bone (0.5%), medullar (0.8%), cardiovascular (0.5%) pancreatic (0,2-0,3%). In addition to these sites, author like G. D `Elia, G. Lucandri argue that there are exceptional sites, these sites reaching between 1-5% percent in the statistics.

CASE REPORT

Ill C. N. aged 86 years residing in rural areas, is hospitalized in 2 Surgical Clinic in Sibiu on 25/09/2007 (FOR nr.1198/21396), through specialized outpatient to emergence of two tumors in the chest back , one in the region suprascapulare left and the second in the region suprascapulare straight.

Formation of left this one fistulizare to the skin through the solution of continuity with diameter of 0.5 cm could see a pearl white mass (Fig. 1). The formation was feeling renitent elastic, painless, mobile under the skin and deep plans. The continuity solution drained a clear liquid in small quantities. Affirmative formation on approximately 5 years, the patient turned to the doctor only when fistulization. Tumours diameters were 10 and 8 cm.

Picture no. 1. Subcutaneous left subscapular hydatid cyst associated with right subscapular lipoma



Clinical diagnosis for tumour formation, although very rarely, it was clear by observing through continuity solution is actually a daughter vesicle. The oposit formation, with similar size, this same clinical data, but there was not abscess. Clinical examination raise here the issue of differential diagnosis of a lipoma or a hydatid cyst. For cutting the differential diagnosis was performed an ultrasound of soft parts. The result for the tumour on the left side was expected, suggestive of a cyst hydatid multiple: transonic formations, multiple round, with its wall, showing the inside vesicles daughters.

CLINICAL ASPECTS

Formation on the right, presented with all other ultrasound characters, was in fact a lipoma. Mention that the chest radiograph done revealed no pathological elements.

To determine if the hydatid cyst was primitive or secondary to other sites, toraco-abdominal CT was performed, but no other localizations were revealed. It was decided surgery which was started on the right; when removing the tumour it was confirmed ultrasound suspicion of lipoma. For the tumour of the left side was performed 90% alcohol instillation and then were removed without difficulty and was taken for histopathology material. The intervention ended with drainage and subcutaneous suture. The patient evolution was favourable subcutaneous postoperative drainage was suppressed the fourth day and patient was discharged on the fifth day in cured state.

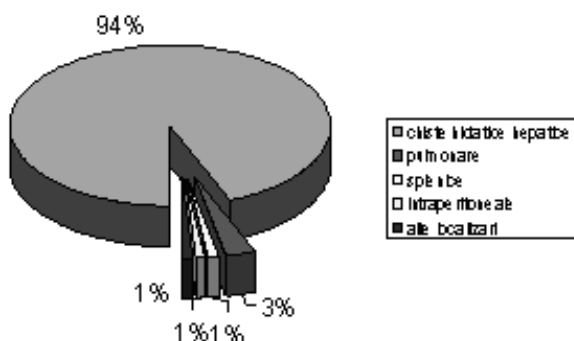
DISCUSSIONS

In Romania, the average incidence of the hydatid disease is 5.6 / 100,000 inhabitants, the highest in Dobrogea, Braila, some parts of Transylvania (high density in Bistrita Nasaud, Cluj, Alba, Sibiu) and mountainous regions. Between 1987 and 1996 is estimated as annual average morbidity of 6.16%. In 1998 it increased to 6.63%.

Sibiu is part of the areas with high incidence of hydatid disease, Surgical Clinic 2 having one of the richest in the country case studies. In case studies of our clinic cysts location was seen in percentage as follows: 94% hydatid liver cysts, 3% lung, 1% splenic, 1% intraperitoneal and 1% other sites-that pancreatic and subcutaneous (Chart 1).

We believe that subcutaneous location is one of an exceptional rarity, the authors of article encountered in few cases in literature.

Picture no. 1. Locations of the hydatid cysts in Surgical Clinic 2 practice



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