

REVIEW ARTICLE**PRIMARY SOLITARY HYDATID CYST OF THIGH – A RARE ENTITY*****Dr. Vinod Kumar, Dr. Jitender Singh, Dr. Shankar Kumar Gupta and Dr. Aishwarya**

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ARTICLE INFO**Article History:**

Received 27th November, 2017
Received in revised form
23rd December, 2017
Accepted 11th January, 2018
Published online 18th February, 2018

Key words:

Musculoskeletal, Hydatid cyst.

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Citation: Dr. Vinod Kumar, Dr. Jitender Singh, Dr. Shankar Kumar Gupta and Dr. Aishwarya, 2018. "Primary solitary hydatid cyst of thigh – A rare entity", *International Journal of Current Research*, 10, (02), 65049-65050.

ABSTRACT

Primary solitary musculoskeletal hydatid cyst is a rare entity with only few such cases reported till date. A proper approach to this disease is lacking. Hydatid cyst should always be kept in the differential diagnosis of slow growing soft tissue lesions in patients from endemic areas. We report a case of 37 year old female suffering from primary hydatid cyst of thigh and managed successfully by surgical excision and antihelminthics.

INTRODUCTION

Hydatid disease is endemic in areas of Central Europe, Middle East, Australia and South America. The liver is the most common organ involved, followed by the lung. Other locations are rare. It is caused by the cestode, *Echinococcus granulosus*. Dogs, wolves and foxes constitute the definitive host whereas sheep, goats and cattle comprise the intermediate host. Humans are the accidental intermediate hosts. Differential diagnosis of hydatid disease should be considered for every soft cystic mass in any anatomical location, especially in areas where the disease is endemic. We report a case of primary hydatid cyst involving anterior compartment muscles of right thigh (Garcia-Alvarez et al., 2002; Memis et al., 1999; Kazmi et al., 2017; Gupta et al., 2012).

CASE REPORT

37 year old male presented to us with progressive painless swelling in right thigh for four months duration. On examination a 12x8 cm soft non tender swelling was palpable in the mid right thigh anteriorly. High frequency ultrasound revealed a large 10x6 cm multicystic lesion with variable sized anechoic cysts (daughter cysts) with adjacent areas of inflammatory changes in the anterior compartment of right thigh muscles. In view of ultrasound findings a diagnosis of primary muscular hydatid cyst was made and serological markers were done which came out to be positive in our case.

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Surgical exploration and cyst excision was done followed by thorough irrigation of the cavity with hypertonic saline. Patient was given a course of antihelminthics postoperatively and was asymptomatic on follow up at 5 months.



Fig. 1. Ultrasound of right thigh showing a cystic lesion with multiple daughter cysts with surrounding inflammatory changes

DISCUSSION

Primary hydatid disease of the skeletal muscle is rare. The ingested parasite's ova penetrate the intestinal wall to reach the portal circulation and passes through the liver and lung into the systemic circulation, causing hydatid disease in other organs. Systemic dissemination through lymphatics could be another cause of solitary hydatid cyst in rare locations. Our patient was having primary hydatid cyst of thigh as other system

involvement like liver, lung and spleen were ruled out. Diagnosis of hydatid cyst should be considered in a slowly growing soft tissue lesion in a patient from endemic area. Moreover serological tests should be done before planning for surgical excision or biopsy to avoid untoward incidence of anaphylaxis. High frequency ultrasound aids in the diagnosis as was in our case. MRI is also quite helpful in diagnosing intramuscular hydatid cyst which shows multi vesicular lesions with or without hypo-intense peripheral rim. MRI was not done in our case as ultrasound clinched the diagnosis. Complete en block resection is the treatment of muscular hydatid cyst. In our case we excised the hydatid cyst completely followed by the use of scolicedal agents at the operative site. Patient was put on a course of anti-helminthes postoperatively and remained asymptomatic without any recurrence at 5 months follow up.

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