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CASE REPORTS

HYDATID CYST OF THE PANCREAS A CASE REPORT

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ABSTRACT

Hydatid cysts outside the liver but within the peritoneal cavity are uncommon but they have been described in the spleen, pancreas and ovaries. In this paper we report a case of hydatid cyst of the pancreas which is a very rare situation. The patient was operated because of a mass in the pancreatic tail which was demonstrated on CT scan, and the diagnosis was established by histopathological examination. Unless when a palpable mass is noted, the diagnosis is very difficult, but ultrasonography, CT and positive serology may help the diagnosis. Accurate diagnosis can be established only by surgery and histopathological examination. The treatment does not raise any specific difficulty when there is no fistula into the pancreatic duct.

Key Words: Hydatid cyst, pancreatic cysts.

INTRODUCTION

In this paper we report a case of hydatic cyst of the pancreas which is very a rare location. The patient was operated because of a mass in the pancreatic tail which was demonstrated on CT scan, and the diagnosis was established by histopathological examination. Incidences and diagnosis of hydatid cyst of the pancreas are further considered and aspects of management are briefly discussed.

CASE REPORT

A 55 years old female patient applied with abdominal pain, nausea, vomiting, anorexia, and constipation.

She had epigastric fullness, abdominal distention, nausea, and vomiting after meals for about one and a half years. In the February 1993, cholelithiasis was demonstrated by ultrasonography and a cholecystecomy was performed in October 1993. Although she had no postpoerative problems, the symptoms persisted. In April 1994 she had upper GI series and barium enema. No pathology was identified.

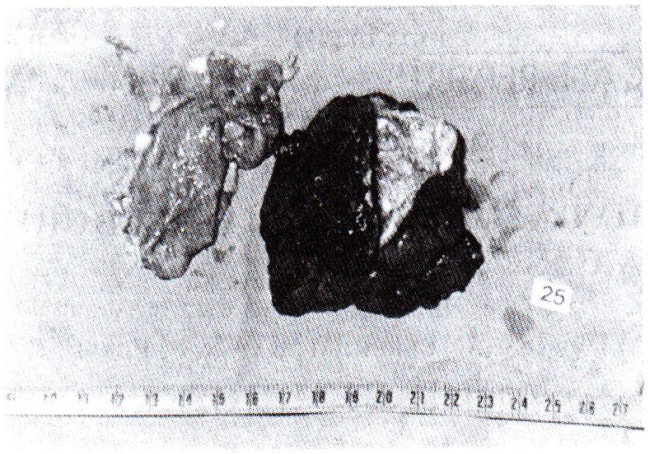
On ultrasonography, a solid mass with a hypoechoic core, measuring approximately 43 x 11 mm was demonstrated in the tail of the pancreas.

On CT scan, a mass of 4 cm which displaced pancreatic tail caudaly and depressed the intestine was demonstrated.

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Fig. 1 - Photograph of the resected specimen



On physical examination, there were no specific findings other than pain on deep palpation around the umbilicus. Scars of previous appendectomy, hysterectomy and cholecystectomy were present. In laboratory examinations echinococcus indirect haemagglutination (IHA) test, Weinberg complement fixation test, and ELISA were negative.

She was operated for a mass in pancreatic tail on 28 April 1994. On intraoperative exploration, a mass of 6 cm with ill defined margins and infiltration of the surrounding organs, which was rubbery in consistency, was palpated (Figure 1). Distal pancreatectomy and splenectomy were performed. There were no post-operative complications. Histopathological examination revealed infertile hydatid cyst.

Discussion

A review of large collected series of abdominal hydatid cysts indicate that about two thirds of all hydatid cysts in man occur in the liver. Hydatid cysts outside the liver but within the peritoneal cavity are uncommon situations, but they have been described in the spleen, pancreas and ovaries. Primary pancreatic hydatid disease is extremely rare, with an incidence of less than 1% (1-3). When a palpable mass is not found, the diagnosisis is very difficult, the symptoms being polymorph and non-specific. Usually, patients have symptoms such as: abdominal pain, nausea, vomiting and constipation (4, 5). Although preoperative diagnosis is very difficult, ultrasonagraphy, CT and positive serology may be helpfull in diagnosis (6).

Accurate diagnosis can be established only by surgery and histopathological examination. The treatment does not raise any specific difficulty when fistula into the pancreatic duct are lacking. If there is no fistula in the cyst, partial resection will suffice. Otherwise, resection or cysto-digestive derivation after extraction of the germinative membrane is required (2-5). In complicated patients, more agressive resections can be performed. In some complicated cases Khiari et al (1) performed Whipple resection.

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