

كيسة مائية مخموجة في العضلات القطنية، تقرير حالة

كنان صبح*

الملخص

يصيب داء الكيسات المائية الكبد والرئة بشكل أكثر تكراراً. ويكون التوضع خلف البريتوان نادراً جداً. والانتان بالمشوكة الحبيبية ينتقل عادة عبر الخضروات الملوثة خاصة في المناطق الريفية. وأغلب المرضى لا عرضيين، وفي هذه الورقة نعرض تقرير حالة سريرية لداء الكيسات المائية في العضلات القطنية. تم تشخيصها قبل الجراحة عبر التصوير الطبقي المخبري والفحوص المخبرية. الكلمات المفتاحية: كيسة مائية خلف البريتوان، عضلات قطنية، مشوكة حبيبية.

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Infected Hydatid Cyst In The Lumbar Muscle: A Case Report

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Abstract

Hydatid cysts disease most frequently affects the liver and the lungs. Retroperitoneal location is very rare. The infection by Echinococcus granulosus transmitted usually by contaminated vegetables especially in the rural areas. Most patients are asymptomatic. In this paper we present a case report of hydatid cyst disease in the lumborum (lumber) muscle diagnosed preoperatively via CT scan and serology exams

Key words: retroperitoneal hydatid cyst, lumber muscle, Echinococcus granulosus.

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Introduction:

The Hydatid cysts or Hydatidosis is an echinococcus granulosus infection. Humans are the med host. Liver and lung are the common infected organs. Isolated unusual presentation of the disease has been described in the lectures. Its frequency would be about 2 to 3% of all locations.¹

Case presentation:

We report a case of 36 years old Syrian woman. She admitted to the surgical department with left flank pain and fever without weight loss or deterioration of general state urinary tract symptoms was sometimes found. She denied any trauma. No previous history of Hydatid cysts was found.

The clinical examination found a febrile patient with a hard and a tender fixed mass in the left flank with some histological edema and erythroderma.

Laboratory results:

WBC	NEUTROPHILS	HB	HCT	CR
14500	80%	12	35	0.9
UREA	PT	PLT	AST	ALT
25	72%	189	17	18
Cyst react		CRP	ESR	GLU
+		22	43	130

The Hydatid serology by ELISA test was positive an (88 IU/ML) and the indirect immunofluorescence reaction at (88 IU/ML).

The Radiological study shows a non-heterogeneous cyst at the echo study. Classed as CE4 at WHO classification. Computed Tomography scan showed a retroperitoneal cyst in the right Quadratus lumborum muscle measured 4*4 cm with a germinal membrane (figure 1).



Figure 1: CT scan of the Abdomen revealed a cyst like structure filled with fluid attenuated between 5 - 10 HU located in the right Quadratus lumborum muscle, which reveal rim enhancement in contrast medium suggested Abscess or Complex Cyst.

D.D: Hydatid Cyst with germinal membrane.

The operation is made by Gibson incision; we found a filled pus cyst. The germinal cystic membrane was excised and the remaining cavity was washed and drained (figure 2).

The drain was removed on post-operative day 3. The patient discharged in a good status without any complication. Albendazole was administered for post -operative period and there are no problems during two years of follow-up.

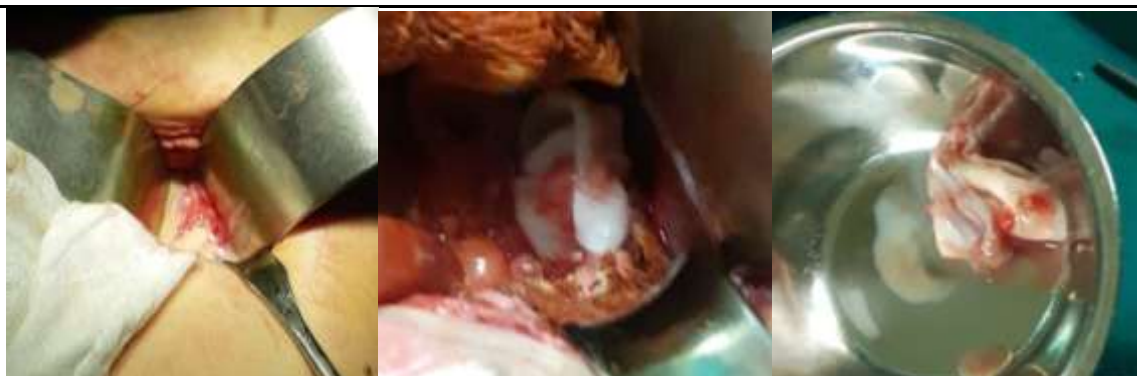


Figure (2): The germinal membrane before and after being excised.

Discussion:

Echinococcus infection or hydatid disease is a parasitic disease caused by echinococcal tapeworms.

Echinococcus is endemic in Mediterranean as in Syria. Humans are intermediate host.

The liver is the most common location of hydatid cyst (55-70%)¹, lungs 20-30% of cases. Other organs are rare, the literatures described brain cysts², orbit³, breast⁴, thyroid gland⁵, ovarian⁶, pancreas⁷⁻⁸, retroperitoneal space⁹, psoas muscle¹⁰⁻¹¹⁻¹² and lumbar muscles¹³.

The diagnosis of non-complicated hydatid cyst (HC) of the liver is based on clinical suspicion. The diagnosis of hydatid cyst of the skeletal muscles, is often difficult, is that of an abdominal mass, iliac or lumbar location, rentent, fixed in the deep plane. Some cysts can be manifested by complications such as nerve compression, urinary compression, vascular compression, or blood-borne superinfection that can lead to severe sepsis¹⁰. Hyper eosinophilia is inconstant and is of interest only in the orientation of the diagnosis. Biology is essentially a question of hydatid serology. It is of a great diagnostic contribution when it is positive. Its negativity does not eliminate the diagnosis of hydatid cyst, hence the need for a confrontation between the clinic, imaging and biology¹². Ultrasonography and computed tomography are the most important diagnostic tools and are helpful for identifying any associated complications and for planning treatment¹⁴. Gharbi¹⁵ and WHO classification¹⁶ depended on radiological characters of US images. In our case CE4 is the classification.

The presentation ranges between an incidental diagnosis and abdominal discomfort or pain. It may remain silent until preened as complicated cyst. This complication related to the size and location, for instance, rupture¹⁷, anaphylactic shock¹⁸, abscess¹⁹, acute pancreatitis⁸, jaundice²⁰. The management includes surgery, percutaneous treatment, anti-parasitic drug therapy and observation²⁰.

In the RCT conducted by Franchi et al²¹ that compared the effectiveness of Albendazole (ALB) and Mebendazole (MBZ). Treatment with ALB was objectively superior. Comparing with a shorter treatment course, three months of oral treatment appears to have better outcome. The cure rate of treatment with ALB alone was below 66%, comparing to combination with surgery that had cure rate of 90%²².

Laparoscopic approach for management liver HC was first documented 1992²³. This approach is safe with many advantages as shorter hospital stay, a lower incidence of wound infection and less postoperative pain. The disadvantages are difficulties in accessing cysts in certain locations in the liver or in the unusual extrahepatic cysts as in our case²⁰⁻²⁴.

A variety of techniques have been described to prevent post-operative complications caused by the presence of residual cavity as omentoplasty, interflexion, capitonage or external drainage. Omentoplasty is effective in preventing complications from conservative surgery in the treatment of liver HC²⁰⁻²⁴.

Conclusion:

The primary lumbar muscle hydatid cyst remains a rare entity. CT scan puts the diagnosis with the

clinical suspicion in the endemic countries. A treatment.
combination of surgery with ALB is the best

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