

Infected Hydatid Cyst of Thigh A Rare Presentation

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Abstract

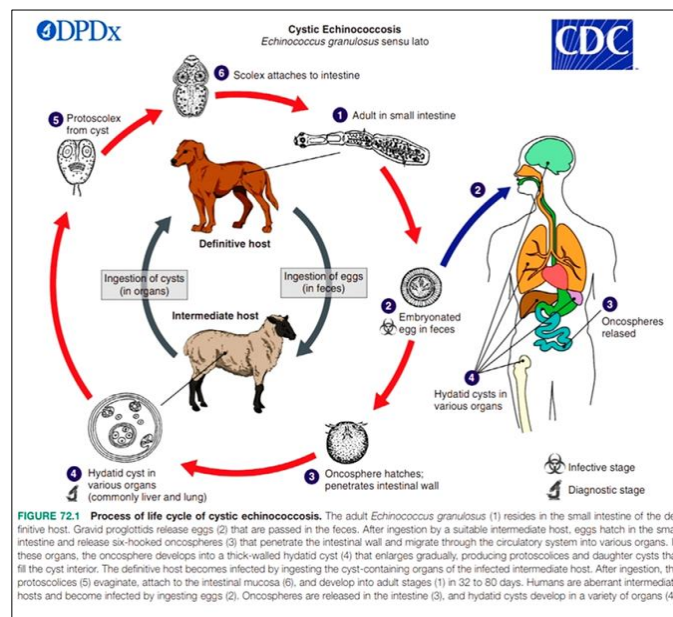
Introduction: Hydatid cyst can occur in the musculoskeletal system, though they are uncommon. They are more common in endemic areas such as the Mediterranean, Middle East, Africa, Asia, South America and Australia.

Pathophysiology

Hydatid cysts are commonly seen in liver and lungs. Hydatid cysts are rarely found in musculoskeletal system due to high lactic acid and low oxygen. Most common complications are rupture and infection of the cyst.

Hydatid cysts are formed by larval stages of *Echinococcus granulosus* followed by *Echinococcus multilocularis*. Definitive hosts of this parasite are usually members of canine family such as dogs and the intermediate hosts include either sheep or goat or camel. Man is the accidental host and this infection can be seen in dog handlers.

Lifecycle of Echinococcus



Case Report

History

A 35-year-old male presented with swelling over the left thigh for two months, associated with throbbing pain.

The swelling became associated with purulent discharge over the preceding three days.

There was no history of trauma, pet exposure, or known contact with livestock. The patient had no known comorbidities.

Local Examination

15X10cm swelling present over lateral aspect of left thigh in upper one third region with all signs of inflammation [Discoloration and erythema, local rise in temperature and tenderness] present along with fluctuation and Purulent discharge.

Systemic Examination

Within normal limits.

Pre-Operative



Investigations

On ultrasound, a hypoechoic lesion of 9.2cm x 5.8cm x 6cm was found in the deep subcutaneous and intramuscular planes in upper lateral region of thigh; suggestive of an abscess.

Differential Diagnosis

1. Intramuscular abscess
2. Necrotizing fasciitis

Sequel

By keeping the most likely clinical as well as radiological diagnosis of intramuscular abscess, the decision of incision and drainage with debridement was taken.

Intraoperatively, 200cc pus was drained along with daughter cysts and was sent for histopathological examination.

Hence, intraoperative diagnosis of infected hydatid cyst was made.

No anaphylactic reaction was noted.

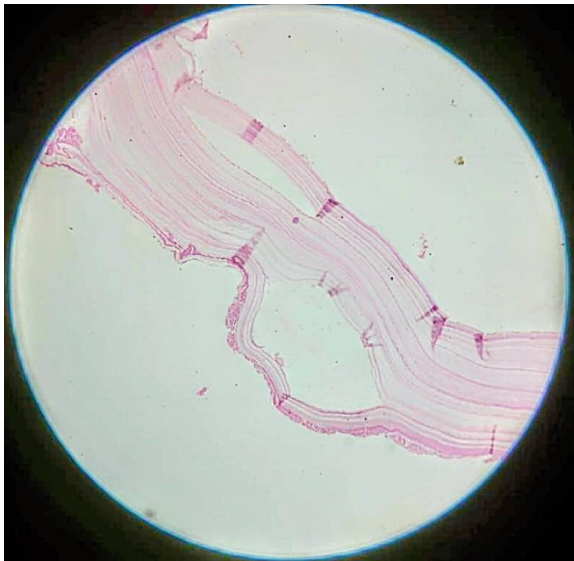
Inj. Hydrocortisone 100mg stat was given prophylactically.

Further investigations such as CT was carried out to rule out hydatid cyst in other organs such as liver, lungs and brain as these are the most common organs affected.

Intraoperative



Histopathological Slide



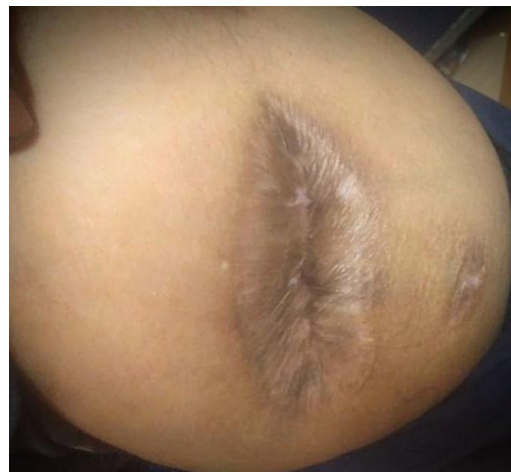
Immediate Post-Operative



Post Operative Treatment

Tab. Albendazole 800mg stat followed by 400mg BD was given for 21 days along with antibiotic and antihistaminic was given and regular cleaning and dressing was done.

No anaphylactic reaction was noted and the infection site healed without complications.



Case Discussion

Although hydatid cyst of liver and lung are common, musculoskeletal system being primary is an uncommon condition but it presenting as its complication such as infected hydatid cyst is a rare entity.

However, it can be managed using thorough investigations with surgical as well as medical interventions.

Surgical drainage of purulent discharge is an emergency management. Along with a stat dose of intravenous hydrocortisone. Post operatively Tablet Albendazole 15mg/kg/day orally should be administered along with supportive therapy as required.

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