Massive Hepatic Hydatidosis

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A hydatid disease is caused by echinococcus (granulosus and multilocularis). Humans are accidental intermediate hosts where as other animals can be either intermediate or definitive hosts. Liver is involved in 50-70% of cases. Once in the liver the hydatid cyst grows upto 1 cm in first six months and 2-3 cm annually thereafter. We received a 36-year-old male in emergency department with chief complaints of right upper abdominal pain and breathlessness since 3 days. Patient was evaluated in the emergency department and found to have normal baseline investigations. Ultrasonography (USG) of the abdomen revealed 17x26 cm hydatid cyst in right lobe of liver with multiple septations containing multiple daughter cysts and with eminent cyst rupture. Contrast enhanced computed tomography (CECT) revealed similar information. Patient underwent emergency laparotomy with a cheveon incision and was found to have a huge hydatid cyst almost replacing the right lobe of liver with eminent rupture and and affecting diaphragmatic movements. Enucleation of the cyst was carried out with closure of a large cytobiliary communication and external tube drainage of the residual cavity was performed. Drain was removed on 7th postoperative day and patient was discharged and is on follow-up.

Figure 1: Sagittal cut of CT scan showing Massive Right lobe Hydatid Cyst Liver

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Figure 2: Axial cut of CT scan showing Massive Right Lobe Hydatid Cyst Liver

Figure 3: Contents of Hydatid Cyst containing multiple daughter cysts (contained cyst rupture.)