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CASE REPORT

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Ruptured primary uterine serosal hydatid cyst: a rare case report

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Abstract A 17-year-old girl presented in the surgical emergency department with clinical features of acute peritonitis. At operation, it was found that she had ruptured a multi-cystic mass arising from the anterior serosal surface of the uterus. The cyst contained multiple daughter cysts and laminated membrane. Hydatid cystic disease was confirmed on histological examination. Pelvic hydatid cystic disease should always be considered in differential diagnosis of pelvic cystic masses in endemic areas and ruled out by appropriate investigations in order to prevent morbidity from the disease, as recurrence is common if precautionary measures are not taken.

Keywords Hydatid · Uterine · Pelvic · Cyst

Introduction

Hydatidosis is quite common in endemic areas. The disease can affect almost any part of the human body, except the nail, hair and cornea. Hydatidosis of abdominal organs is very common, with the liver being the most frequently involved organ via parasitic disease. Occasionally the patient presents acutely with a ruptured liver cyst and peritonitis. Here we present an interesting case of ruptured primary uterine serosal hydatid cyst in a 17-year-old girl.

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Case report

A 17-year-old girl presented in the emergency department with a history of abdominal pain of acute onset. On examination, the abdomen was tender with board-like rigidity. A pre-operative diagnosis of acute perforated appendicitis was made and the patient taken for surgery Clear fluid was drained during the operation. A large multicystic mass measuring about 15×10 cm was found, arising from the surface of the uterus and the adjacent right fallopian tube (Fig. 1). On further examination, a large cyst contained laminated membrane and a few daughter cysts. The cyst mass was dissected from the uterine surface. The rest of the abdomen was free from cystic disease; this was confirmed by post-operative ultrasound scan.

The cyst was examined for gross pathological features which revealed multiple daughter cysts in each cystic mass lined by laminated membrane (Fig. 2). Microscopic examination confirmed hydatid cystic disease.

Discussion

Hydatidosis is a common zoonosis that affects humans and animals, especially in poorly-developed countries. In humans, 65–75% of hydatid cysts occur in the liver, 25% are found in the lungs, and 5–10% distribute along the peripheral arterial system [2]. Eosinophilia is a non-specific finding in endemic areas [2]. Serum immunoelectrophoresis currently detects 90% of individuals infected with *E. granulosus*. Casoni's test has a sensitivity and specificity of 80% and 70%, respectively [2]. The presence of synchronous uterine cysts is very rare [1, 3, 4]. A ruptured hydatid uterine cystic disease without any concomitant abdominal hydatid disease is a rare occurrence, although an acute abdomen secondary to a ruptured liver hydatid cyst is not uncommon in endemic areas.

Ruptured ovarian cysts are commonly presented to general surgeons in the emergency department, along

Fig. 1 Photograph showing attachment of cyst to uterine serosa

with ruptured ectopic pregnancies. While dealing with pelvic cystic masses, preoperatively in endemic areas, hydatid cystic disease should always be considered in the differential diagnosis.

Fig. 2 Hydatid cysts containing daughter cysts

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