Pancreatic Hydatid Cyst: Unusual Extra-Hepatic Localization

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Although hydatid disease is frequent in endemic countries such as Tunisia, some locations remain rare. In literature the effect of disease on pancreas was noted in 57 patients. Among these patients, only 32 had an isolated pancreatic hydatid cyst [1]. In this case, we present an isolated pancreatic hydatid cyst complicated with acute pancreatitis.

A thirty-two year old woman living in a rural area presented to the emergency room with abdominal pain and vomiting for 24 hours. She had no personal medical or surgical histories and no family history of hydatidosis.

On examination, she had a blood pressure of 120/70 mmHg, heart rate of 90 beats/min, and epigastric tenderness. Her serum amylase level was 900 U/l (Reference range, 10 - 135 U/l).

Abdomen ultrasound showed an enlarged pancreas and no gallstones in the gallbladder. A CT scan of the abdomen revealed a 6 cm round cyst with unenhanced septa and a small calcification in the tail of the pancreas, as well as acute inflammation of the pancreas and peripancreatic fat and a fluid accumulation in the left renal area (Figure 1).

We suspected either a mucinous cystadenoma or a hydatid cyst complicated with pancreatitis. ELISA test for echinococcus antigens was positive.

Three months later, laparotomy was done through a midline incision. On exploration, an isolated cystic lesion in the tail of the pancreas was found. The extemporaneous examination was in favor of the hydatid nature of the lesion. Based on these results we performed deroofing and endocystectomy. Histological examination of the surgical specimen confirmed the diagnosis.

Postoperative course was uneventful and the patient was discharged on the fifth day with no specific treatment. At follow-up, no evidence of recurrence was noted.

Reference

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