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Hydatic Cyst Encompassing the Three Thigh Boxes: About a Case Report

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Abstract **Case Report**

Hydatidosis is an anthropozoonosis, it is due to the development in humans of a cestod transmitted by the dog. Muscle localization is rare. Ultrasound and MRI are sufficient examinations to establish the diagnosis. We report the case of a women patient living in a rural environment in contact with dogs, the MRI reveals an hydatic cyst encompassing the three thigh boxes, she received surgical excision and antihelmintics before and after surgery.

Keywords: Hydatic cyst, muscles, MRI, surgery, chemotherapy.

INTRODUCTION

Hydatidosis is an anthropozoonosis that is raging in the endemic state in the countries of the Mediterranean basin. The muscular location of hydatidosis is rare, it represents less than 3 % of cases [1, 2]. The evolution is slow and insidious that can delay the diagnosis of the disease.

We report the case of a patient with care at Ibn Sina Hospital in Rabat for hydatidosis encompassing the three lodges of the right thigh.

Treatment should be well planned to prevent patients with any complications such as infection, or anaphylactic shock.

MATERIAL AND METHOD

We report the case of a 34 -year -old patient who is taken care of at Ibn Sina Hospital in Rabat for hydatidosis encompassing the three lodges of the right thigh.

We will detail the clinical and paraclinical elements that led to the diagnosis, as well as the medico-surgical management from which the patient benefited.

Then we will discuss the case with different elements noted in the literature.

He is a 34 -year -old patient, without notable history, admitted in our establishment for the management of a swelling slowly evolving for two years, the evolution was marked by the increase in the volume of the thigh (image 1) in its entire in its upper two thirds.

On the clinical examination we note a renate tumor of the upper two-thirds of the right thigh concerning the anterior face and stretching back and medially, without vasculo-nervous deficit.

Bone radiography has not revealed any anomaly.

MRI has shown two cystic formations communicating with each other at the level of the anterior and upper lodge of the thigh, extending in height from the top of the Grand Trochanter at the top and outside and the anterior face of the coxofemoral joint at the junction Lower third parties of the thigh, it is limited medially by the large adductor, back by the femoral biceps and the sciatic nerve and forward by femoral law and the vast medial and lateral muscles (image 2, 3).

These cystic formations do not contain imaging vesicles, and are in hypersignal 2 with light enhancement of the cystic wall.

The extension assessment was negative.

In the biological assessment there is an eosinophilia, a positive hydatic serology.

The patient benefited from a medical treatment preceding 15 days surgery with albendazole at a dose of 400mg in two taken per day then from a periikyst resection by antero-external elective route, while protecting the soft parts around the cysts by fields impregnated by oxygenated water diluted in salted hypertonic serum, the cyst has been sterilized by injecting oxygenated water to reduce the risk of scalax and therefore recurrence and then an aspiration of the content of the content of cyst (image 4, 5).

The follow -up was simple; evolution over a year did not reveal a recurrence.

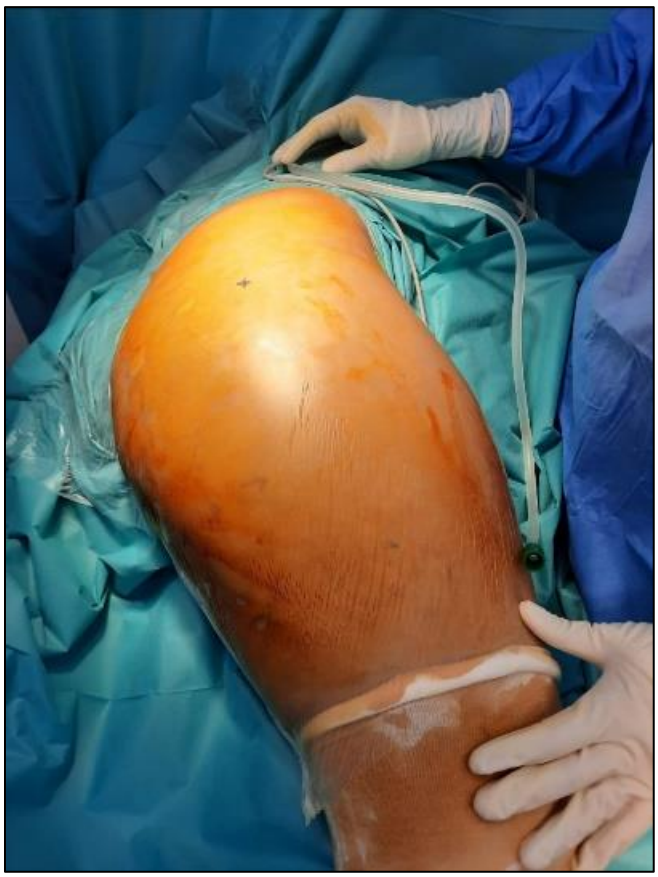

Image 1: Clinical manifestation as a tumor for cyst hydatic of the thigh

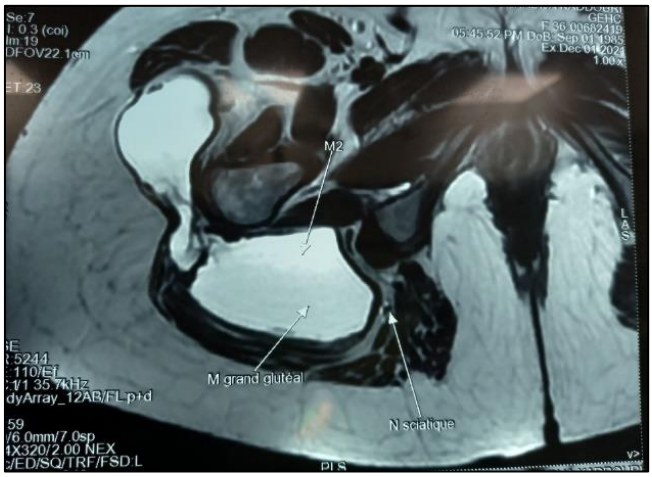

Image 2: MRI section of posterior thigh showing thwo commnicate cases of cyst hydatic

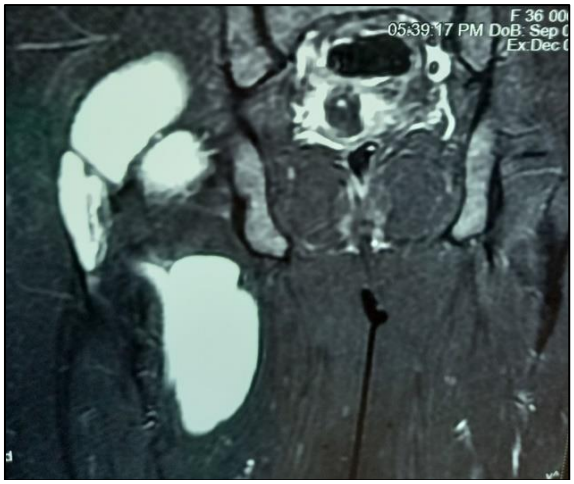

Image 3: MRI section of thigh showing anterior case of cyst hydatic

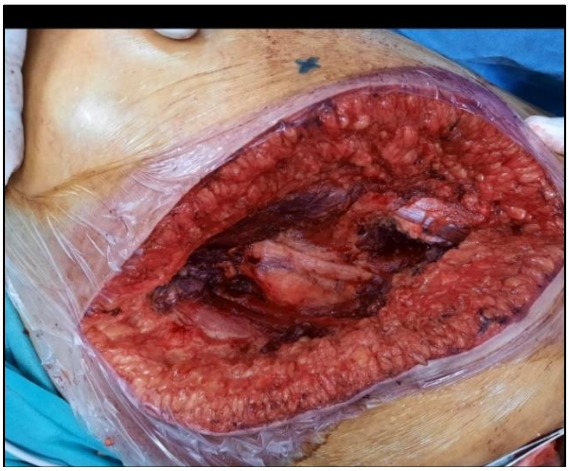

Image 4: Clinical image of per-operative surgery after resection of cyst hydact of the thigh

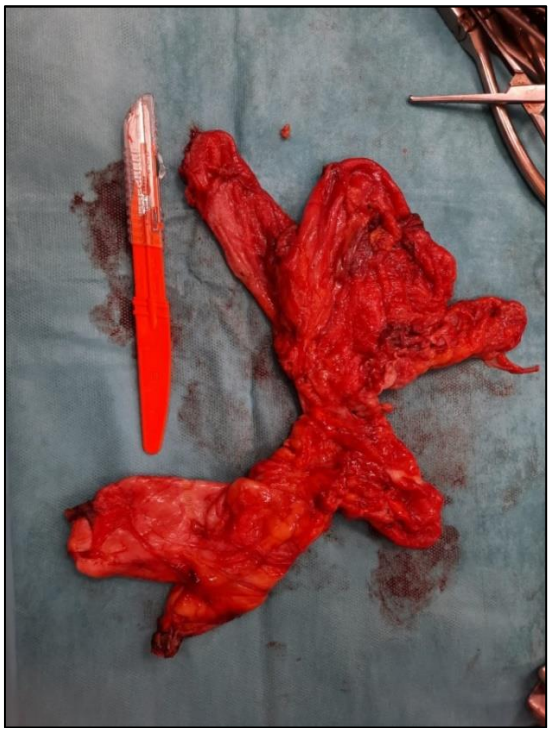

Image 5: Surgical piece of cyst hydatic after resection and aspiration of all visicules

DISCUSSION

The muscular location of the hydat cyst is rare, it represents less than 3% of all cases [1].

Several theories have been discussed explaining the implantation of the Echinococcus granulosus in muscle tissue, including a passage through the lymphatic system after digestive absorption or hematogenic route by exhaust to liver capillary filtration [2, 3].

The acidic biochemical nature of muscle tissue and its contractility explain the scarcity of muscle hydatidosis [1, 4].

Clinical symptoms can simulate a benign or malignant tumor, the evolution is insidious. It can manifest itself by pruritus to anaphylactic shock in the event of a rupture of the cyst.

Hydatic serology can be negative in 50 % of cases, hypereosinophilia makes it possible to guide the diagnosis [3].

MRI is the examination of choice [1-3].

The treatment is above all surgical consisting of a monobloc periksystectomy by avoiding punching the cyst in order to avoid dissemination and anaphylactic shock while protecting the operating field by fields soaked by hypertonic serum. In deep locations and for Large volume cysts A perikyst resection is possible after sterilization of the content by oxygenated water and aspiration [2].

CONCLUSION

The muscular location of the hydat cyst is rare, the diagnosis is often late and is based on a bundle of arguments, the treatment is above all surgical, with a great risk of recurrence.

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