Hydatid cyst of the pancreatic head case report

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Background:

Hydatid cyst (HC) disease is endemic in many parts of the world including our country. It can present in unusual ways.
The reported incidence of pancreatic hydatid varies from 0.1% to 2% of patients with hydatid disease. (GN, Khuroo MS, Zargar)
57% of pancreatic hydatid are located in the head.(Azuara MV, Dorado JJ)
A case report of 55 years old women having HC of the head of pancreas with clinical picture of obstructive type of jaundice and preoperative imaging, mimicking a choledochal cyst (CDC).
While managing a CDC, possibility of a HC must be considered till an on table confirmation is established

CASE PRESENTATION

A 55 years old obese lady presented with history of abdominal pain, upper abdominal fullness and recurrent attacks of Cholangitis, sever non remitting pruritus and frequent attacks of vomiting for the last one year. She is a known case of diabetes mellitus on oral hypoglycemic for the last 5 years.

EXAMINATION:

The patient is deeply jaundiced , febrile, obvious skin scratch marks, epigastric and right upper abdominal tenderness, no abdominal mass was palpated.

Investigations

Liver function tests: fluctuate between 1.5 and 4.5 mg/dl.

Direct fraction 4mg/dl

Alkaline phosphatase 38- 45 KAS.

INR is prolonged 2.5

ALT, AST mild elevation

BIOCHEMISTRY : otherwise normal apart from uncontrolled DM.

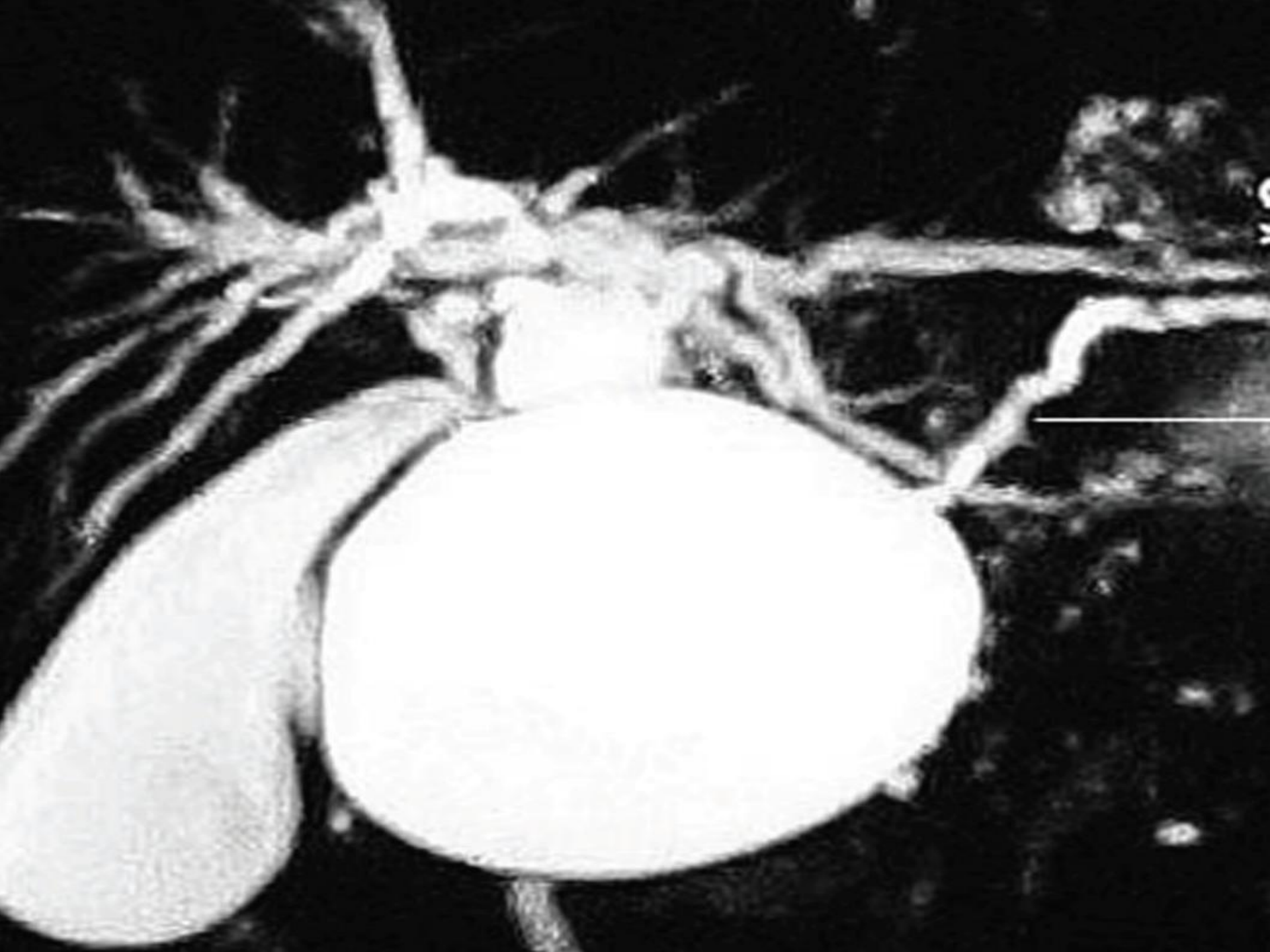
HAEMATOLOGY : all are normal .

IMAGING: many ultrasound exam. Revealed dilated intrahepatic biliary tree with huge (cystic) dilatation of the common bile duct.

CT scan: Dilated intrahepatic ducts with fusiform dilatation of the common bile duct down to the retroduodenal part normal pancreas.

MRCP EXAM: Fusiform dilatation of the common bile duct , dilated intrahepatic biliary tree. Picture of choleduchal cyst.

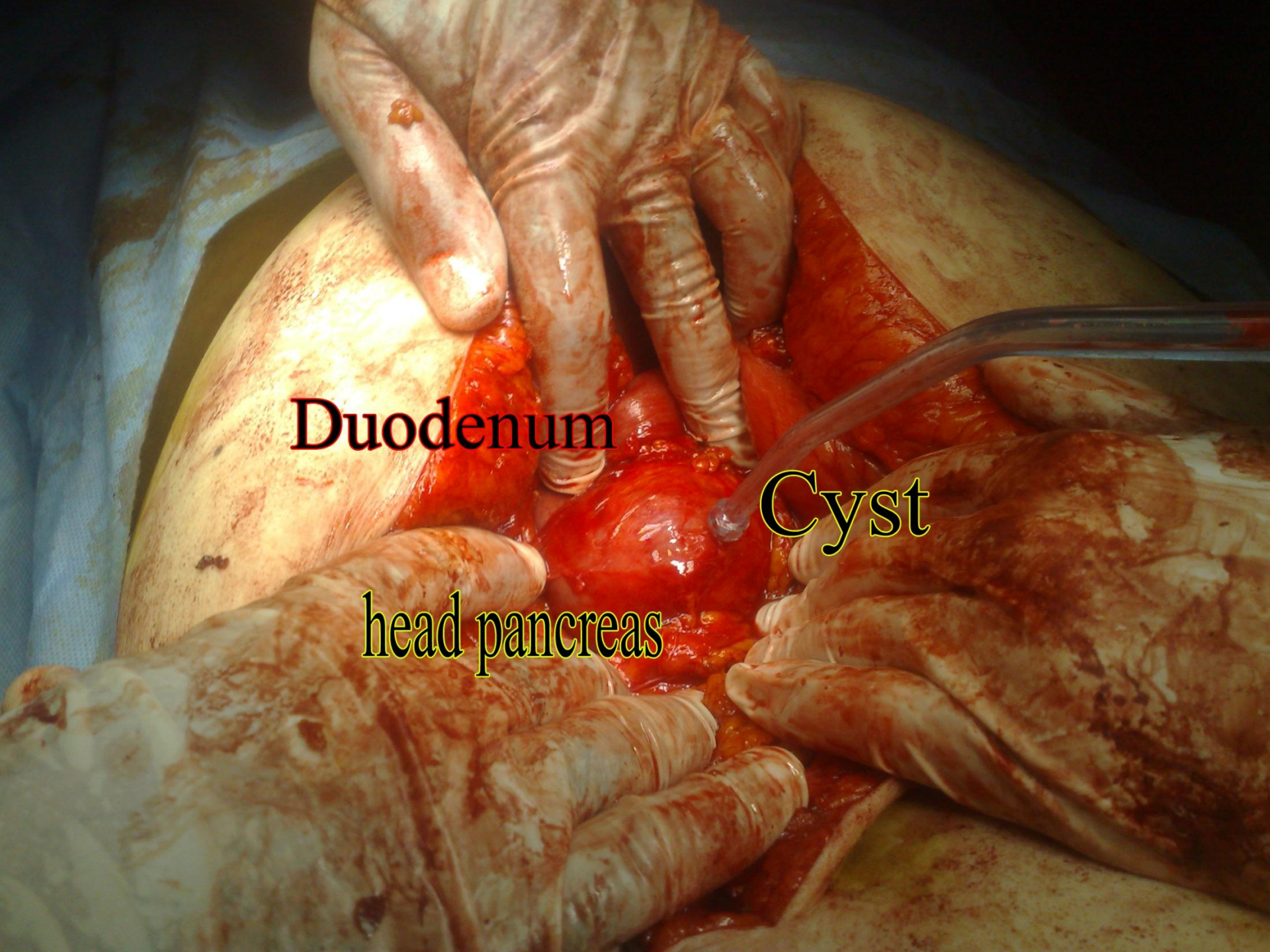
ERCP: Fusiform dilatation of the CBD down to the retroduodenal portion, with dilated intra hepatic biliary tree.

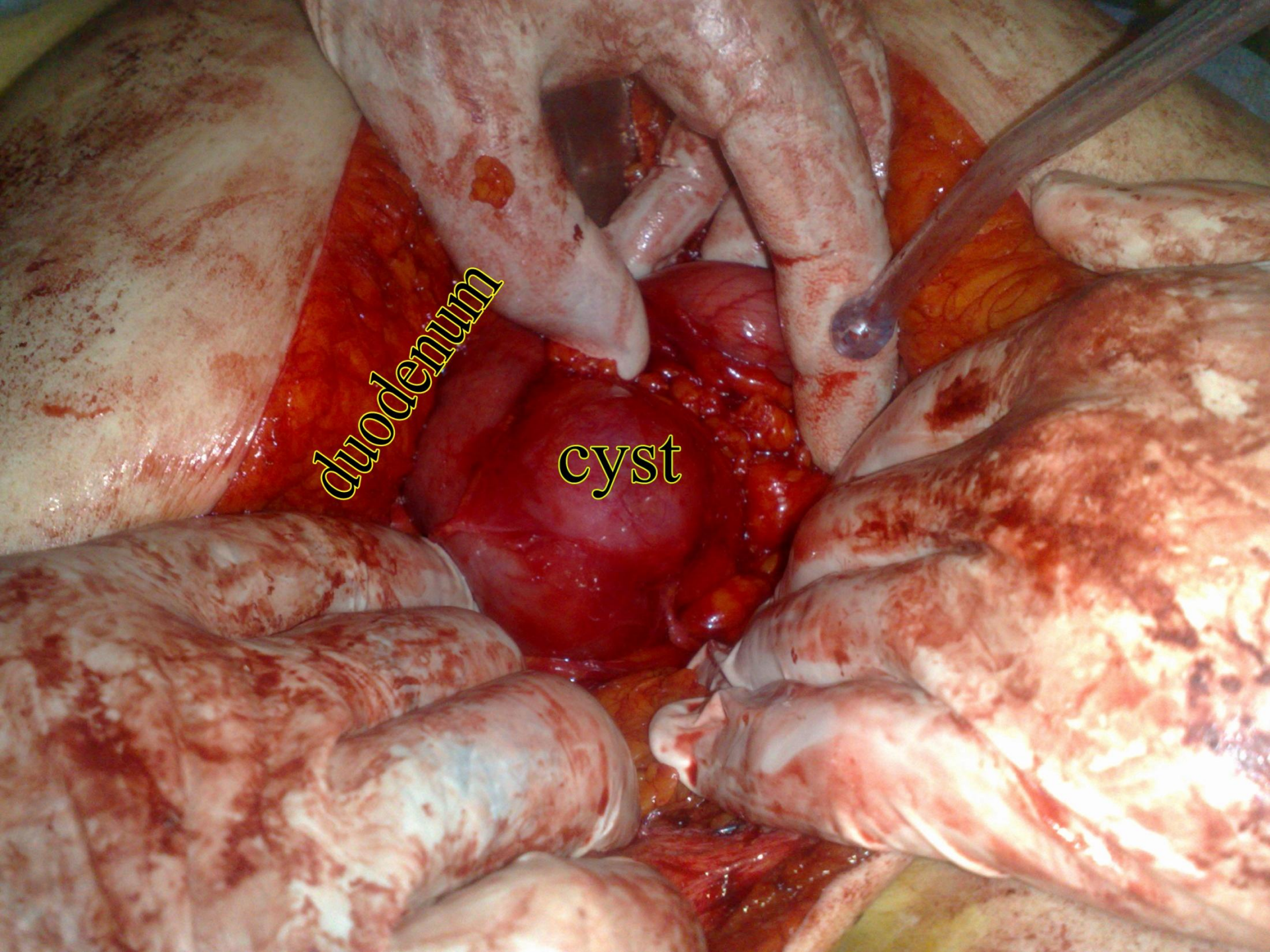


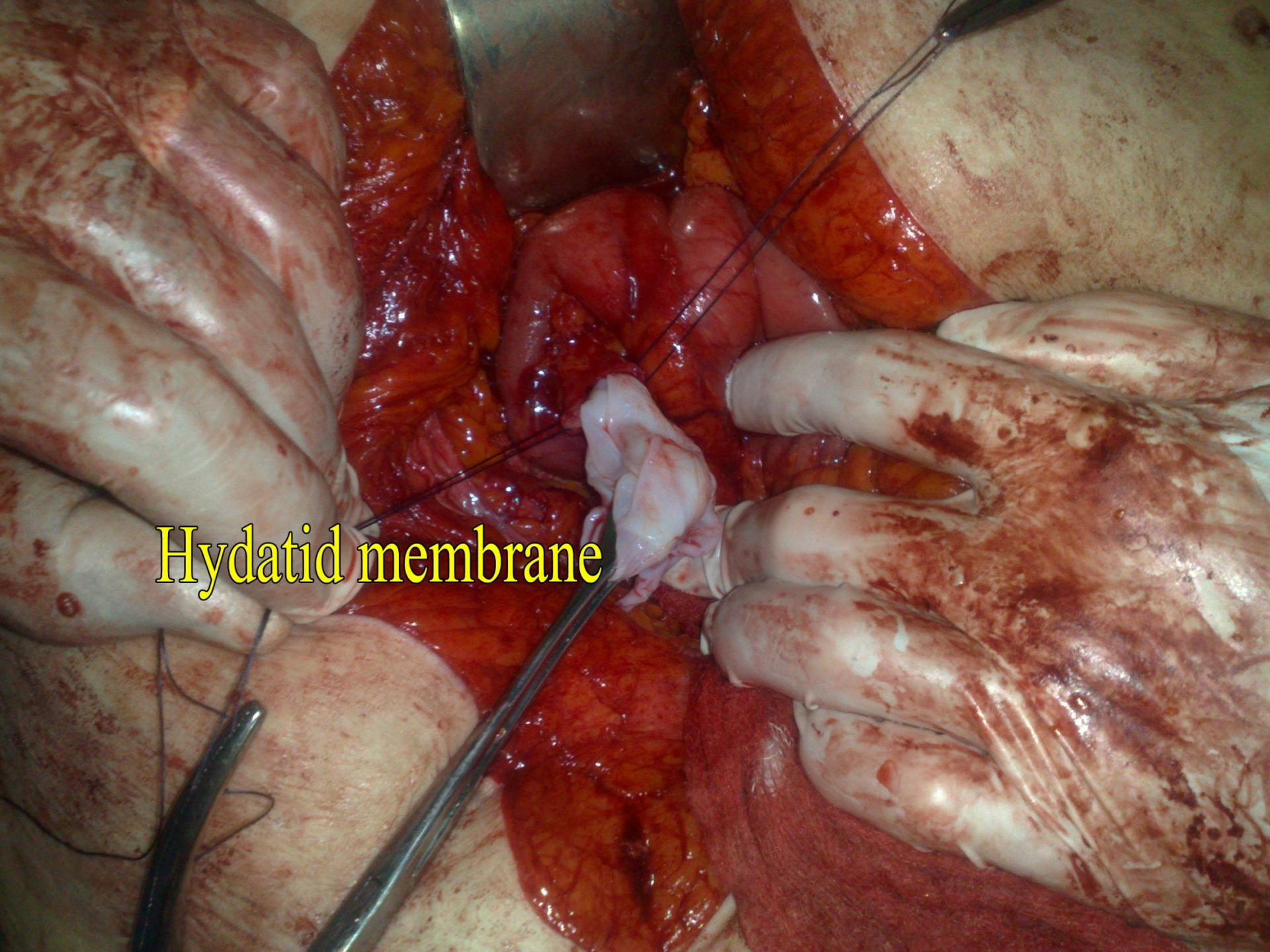
Management:

Following preoperative control of diabetes. Preoperative preparation for jaundice, and correction of haemostatic problem, with intravenous antibiotic cover, operation was planed for excision of CDC and biliary recostruction.

Surgery: Through generous upper midline incision, the abdomen was explored. We found that the supraduodenal CBD is although dilated but is not cystic, instead there was a cystic mass in the head of the pancreas, following Kocherisation of the duodenum, the cyst became more obvious. Aspiration of the cyst revealed a clear fluid rather than bile, then a change in the plane was decided, the field was isolated with packs socked in scolicidal agent (povidon iodine), then intracystic injection of iodine, two stay sutures were applied on the wall of the cyst and opened, interestingly hydatid membrane was extracted, the cavity was cleaned off drained with no further action.


Duodenum
Cyst
head pancreas


duodenum
cyst


Hydatid membrane

Discussion:

HC disease commonly involves the liver and lung but unusual locations have been described.

An unusual case of intraluminal obstruction of the CBD caused by an unruptured HC also has been reported.{ **De U,** Basu M . Hydatid cyst of common bile duct mimicking type 1choledochal cyst. *J Indian Assoc Pediatric Surg* 2007 ; **12** : 83 – 4 .}

Only one case of extraluminal obstruction has been reported till date. {**Otgün I,** K arnak I , Haliloglu M, *e t al*. O bstructive jaundice caused by primarycholedochal hydatid cyst mimicking radiologically choledochal cyst. *J PediatrSurg* 2003 ; **38** : 256 – 8 .}

HC within a CDC has also been reported. **Gangopadhyay AN,** S ahoo SP, Sharma SP, *e t al*. H hydatid disease in children may have an atypical presentation. *Pediatr Surg Int* 2000 ; **16** : 89 – 90 .

In this patient, a solitary HC, involving the head of the pancreas presented with an extraluminal obstruction of CBD that mimicked a a CDC on preoperative imaging.

MRCP has been considered a good modality for preoperative imaging for CDC ,However, it may be unable to differentiate between a CDC and an HC if the latter is occupying unusual position as in our case.

Thank you