

A Primary Hydatid Cyst in the Abdominal Wall – Case Report

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Abstract

Introduction: A solitary primary hydatid cyst in the abdominal wall is an exceptional entity, even in countries where the Echinococcus infection has a high rate, being considered an endemic disease.

Case presentation: We report a case of a 70-year-old Caucasian man who presented to our clinic with a slow-growing painless parietal mass in the abdominal wall, right flank area. The diagnosis of cystic mass was established at the ultrasound exam. There were no findings that could describe a hydatid cyst. The puncture at the surgical intervention revealed a “clear, stone liquid like”; due to the high risk of major injury of the abdominal wall, we performed partial resection of the outer cystic wall, proligerous membrane removal and drainage. The patient had an uneventful post-operative recovery. The histopathology confirmed the suspected diagnosis.

Conclusion: Hydatid cyst should be considered in the differential diagnosis of every abdominal intraparietal cystic mass, especially in regions where the disease is endemic. The best treatment is the total excision of the cyst preserving an intact wall (complete cystectomy). Otherwise, removing the proligerous membrane with partial pericyst's resection (partial pericystectomy) and drainage should be considered.

Key words: hydatid cysts, intraparietal hydatidosis, cystectomy, pericystectomy

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