A Splenic Hydatid Cyst Case Presented with Lumbar Pain

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Abstract

A splenic hydatid cyst is a rare clinical entity from among abdominal hydatid cysts, even in endemic countries. Here, a case with lumbar pain due to a giant splenic hydatid cyst is presented. The importance of this case is that the patient presented at the clinic with only lumbar pain. Initial direct abdominal plain radiography showed a giant abdominal calcification in the spleen and further examinations revealed involvement of three organs: spleen, lung, and liver.

Key words: hydatid cyst, spleen

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Hydatid disease is a parasitic infection with *Echinococcus Granulosus* (1). It is an endemic disease in farming areas, particularly sheep raising areas, such as in the Middle East, North Africa, New Zealand, Australia, and South America. Although hydatid disease primarily involves the liver, it can attack any part of the human body such as the lung and bladder (2). Splenic hydatid cyst is a rare entity from among abdominal hydatid cysts, even in endemic countries (3-5). Here, a case with lumbar pain due to a giant splenic hydatid cyst is presented. Initial direct abdominal plain radiography showed a giant abdominal calcification in the spleen and further examinations revealed involvement of three organs: spleen, lung, and liver.

A 51-year-old female was presented with lumbar pain from the previous 3 months. She had no any other complaint. Physical examination showed no abnormality except for mild liver enlargement. Laboratory results showed an erythrocyte sedimentation rate of 75 mm/h (Westergren) and C-reactive protein, 24 mg/dL (normal<5 mg/dL). In addition to negative hepatitis virus serologies, cyst hydatid indirect haemagglutination (IHA) test was also negative. Biochemical and hematological tests which include renal and liver function tests, a hemoglobin level, a total leukocyte count and differentiation were found to be within the normal range. A lateral lumbosacral plain radiography showed a round calcification, 9×9 cm in diameter, in front of the 1st and 2nd lumbar vertebrae (Fig. 1). Abdominal ultrasonography and computerized scan revealed a mass with round calcification and internal cysts, 8×9 cm in diameter, in the spleen and another mass in the right lobe of the liver (6×5 cm in diameter) with the same features. Chest computed tomography examination showed a heterogeneous hypodense mass in the base of the right lung (6×4 cm in diameter) with many septas and calcification on its surface. The patient was diagnosed with multiorgan hydatid disease and surgical management was advised.

Splenic cyst hydatid disease is a rare clinical condition even in the region where this zoonosis is endemic (3-5). The frequency of splenic hydatid disease has been reported to be 0.5-4% within abdominal hydatid diseases. The presentation of splenic hydatid disease can vary greatly, including renal arterial compression and systemic hypertension or rupture of the splenic hydatid cyst to other organs. The treatment of choice is splenectomy and complete removal of the cyst due to the high risk of rupture in these patients.

In conclusion, although lumbar pain is an atypical presentation of splenic cyst hydatid disease in general practice, hydatid disease should be included in the differential diagnosis of abdominal calcification, particularly patients from regions where this zoonosis is endemic.

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