

UNUSUAL LOCATIONS OF THE PRIMARY HYDATID CYST: THYROID GLAND CYST HYDATID

Case Report

BEKLENMEDİK LOKALİZASYONDA PRİMER KİS HİDATİK: TİROİD BEZİ KİST HİDATİĞİ

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ABSTRACT

Hydatid cyst, a parasitic disease as a result of Echinococcus Granulosus infection, still stands out as a very important health problem in endemic areas. Although liver and lungs are the most common localizations, hydatid cyst might also be seen at the other parts of the body. The aim of this report is to

present a case in which the disease occurred primarily in thyroid gland.

Key words: Cyt, thyroid, hidatid cyst, primary hydatid cyst

ÖZET

Echinococcus Granulosus enfeksiyonu sonucunda ortaya çıkan bir parazitik hastalık olan hidatik kist endemik bölgelerde halen önemli bir sağlık problemi olmaya devam etmektedir. Karaciğer ve akciğer en sık görüldüğü bölgeler olmakla birlikte hidatik kist vücudun diğer bölümlerinde de görülebilir. bu makalenin amacı hastalığın primer olarak tiroid bezinde ortaya çıktığı bir vakayı sunmaktır.

Anahtar kelimeler: Kist, tiroid, hidatik kist, primer hidatik kist

INTRODUCTION

Hydatid cyst still stands out as a very important health problem in endemic areas, though it has been eradicated in most areas. It is rarely seen at the other parts of the body, except for liver and lungs (1,2,3). Multiorgan involvement has been reported to be about 20-30% (1). The aim of this case report was to present and discuss a rare case in which the disease was seen primarily in thyroid gland.

CASE REPORT

A 39-year-old male patient presented with a swelling complaint on his neck for one month. Amnesia, loss of cooperation with the environment, changes in personality, cough and sometimes shortness of breath was found in his medical history for about a year. He had no other diseases or allergies. In his systemic examination, sounds of the left lung's basal part were decreased. Smooth surfaced soft consistence mass, located in the left lobe at the upper part of thyroid gland was found in his physical examination. In USG, a 5.5 cm-sized cystic lesion was observed (fig 1a,b). 800 mg daily dose

of albendazole treatment was prescribed to the patient. Considering the other complaints, abdomen, thorax and cranium CT was performed to investigate the presence of any other cyst hydatid focus. Confirming that the cyst hydatid focus was only located at the thyroid gland, surgical intervention was planned for a primary cyst hydatid disease limited in the left lobe of thyroid gland. Kocher necklace incision was made to reach the 5 cm cystic lesion in thyroid gland (fig 2,3). Cyst content was aspirated with a needle. 3% NaCl solution was injected into the cyst and waited for 5 minutes before aspiration. After applying this procedure 3 times, left lobectomy was done following the cystotomy and aspiration. There was not any pathology in the other lobe of the thyroid gland. In pathological examination, scolices were observed and pathology verified the diagnosis as hydatid cyst (fig 4). No complications were seen during the postoperative period. The patient was discharged after postoperative 2nd day. Albendazole treatment was applied for a 3-month period from the same dose after the operation. Liver function tests were performed per month. No recurrence was found in postoperative four year follow-up period.

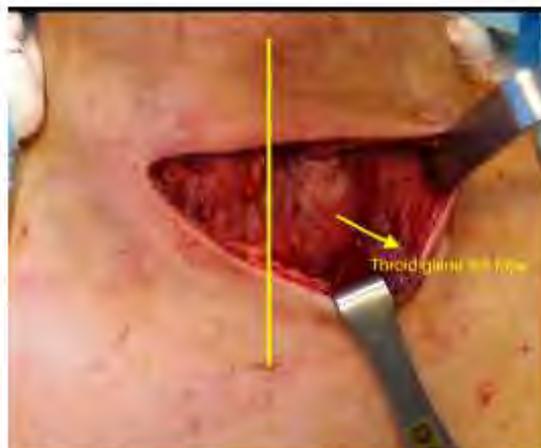


Fig2: Cystic lesion in thyroid gland.

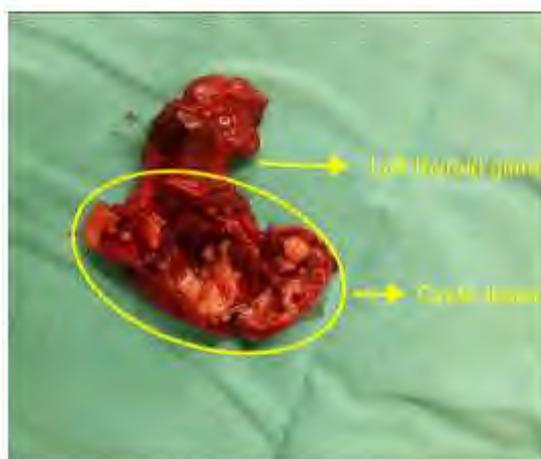


Fig3: Hydatid cyst in thyroid tissue.



Fig1 a, b: Cystic lesion was observed in USG.

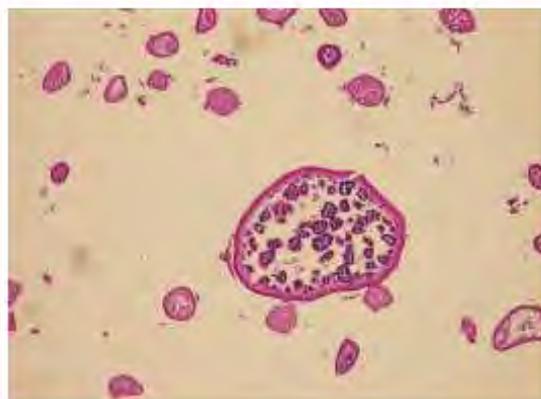


Fig4: Scolex was seen and pathology verified the diagnosis as hydatid cyst.

DISCUSSION

Hydatid cyst is a parasitic disease which may cause infection in humans by direct contact or contaminated food (1,2). Although it is endemically seen in Africa, South Europe, Middle East, South America, Australia and Russia, it also

has a high frequency in Turkey (1,2,3). It infects people with the eggs of the parasite and penetrates the systemic circulation from the small intestine (1,2,4). Although it is mostly seen in liver and lung as a consequence of its passage to systemic circulation, atypical localizations may also exist (1,2,3,4,5). Even though the function of these organs as filters of this parasite explains the rare localizations in the other parts of the body, it also reveals the necessity of liver and lung screening when atypical localizations of the disease are seen (3,4,5,6). In literature, hydatid cyst is rarely seen in thyroid gland (1,2,3,6).

Diagnosis is possible with a detailed medical history, immunological tests (IHA, ELISA), USG, CT, MRI. Gharbi classification is used for staging in USG examination. Although treatment modalities may differ according to the staging, medical treatment, surgical treatment and PAIR may be preferred (7,8). Surgery is the only and exact procedure in hydatid cyst treatment (7,8,9). Main principles of the surgery are; to inactivate the parasite, to evacuate the cyst cavity, removing the germinal layer, and to obliterate the residual cavity (8,9). Postoperative medical treatment support is also necessary using albendazole.

In conclusion, it should be noted that hydatid cyst might clinically present in the other parts of the body other than liver and lung. Correct preoperative diagnosis will help for adequate preoperative preparation, and correct treatment will cause a significant decrease in recurrence rate of hydatid disease.

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