Case Report

Bilateral Scrotal Hydatid — a case report

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Hydatid cyst is most commonly found in the liver and lungs, but cases have been reported of its occurence in almost any part of the body. A rare case of hydatid cysts localized in both the scrotum in a 70 years old male is recorded here. So in cases of scrotal swelling the possibility of hydatid cyst may also be kept in view, particularly in such geographical areas where hydatid infections have been reported.

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Key words **: Bilateral Scrotal Hydatid, scrotal swelling.**

Infection with *Echinococcus granulosus* is widely spread in India and has been reported in different parts of the country[1]. Hydatid cyst is most commonly found in liver and lungs but cases have sporadically been reported of its occurrence in various parts of the body viz kidney, spleen, retroperitoneal tissues, muscle & muscle sheath, subdural space, breast, uterus, omentum, brain, bones & rarely the orbit; but its location in the scrotum is almost an uncommon hospitable situation and curiously enough its bilaterality is not yet reported.

Case Report

A 70 years old man presented on 1st February, 2013 with the complaint of swelling in both the Scrotum and their size gradually increasing during the last three years duration. On presentation the size was found to be 18cm x 10cm on left side & 10 cm.x 8cm on right side, translucent & fluctuant, a clinical diagnosis of bilateral hydrocele was initially made. Further examination of the patient revealed a well built fit man with stable normal vitals. Lab. findings, Cardiovascular, per abd. exam & respiratory system exam did not reveal any abnormality.

Local examination revealed a bilateral scrotal swelling, left being comparatively larger 18cmx10cm, translucent, fluctuant, non-reducible and negative cough impulses. It was difficult to palpate the spermatic cord, swelling being located at the base of scrotum. However, testis on right side could be palpated at the lower pole being smaller in size. Clinically, the diagnosis of bilateral hydrocele was made and operation was planned for elective surgery.

Exploration of left sided scrotum revealed a unilocular thin sac containing whitish clear hyaline fluid over top of the testis, which was normal. Testis with epididymis was lying at the lower pole of the sac (Fig 1 & 2). After much of the fluid was evacuated following aspiration, the whole sac was excised in toto.

Right side exploration revealed similar findings and likewise was excised in toto without any difficulty. He had no anaphylactic reaction during surgery or after the removal.

Both the sacs were sent for histopathological examination which revealed them as Hydatid Cyst.

Subsequently, an USG of abdomen and chest x-ray did not reveal any intra abdominal/intra thoracic hydatid pathology.

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Discussion

Hydatid cyst disease has been reported from Middle East, India, Africa, South America, New Zealand, Australia, Turkey & Southern Europe[2].

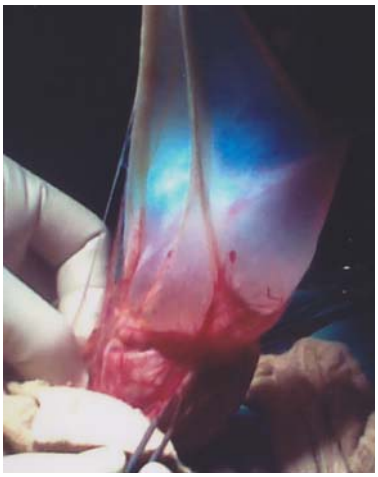

Fig 1 — Showing Lt sided (Partially evacuated) hydatid cyst excised in toto

Human beings become an accidental intermediate host through contaminated water or vegetables or through faeco-oral contact with infected persons[3].

The egg reaches the human gastrointestinal tract, and some hours later breaks its membrane and hooks itself to the intestinal mucosa going through it and thereafter penetrating into the blood vessels to follow the portal venous system. One can explain the evolution if one considers that the embryo is the size of the leukocyte and has amoeboid movements. This is the most frequent occurrence, and thus the most frequent cysts are those of the liver (55-70%), being the first filter. It can also penetrate the intestinal lymphatic system, and through the thoracic duct it can enter the systemic circulation, avoiding the hepatic barrier[3]. That is why the lung is the second most frequent location (18-35%) being the second filter and simultaneously (5-13%) in both the locations[2], but the hydatid cyst can develop in any organ & tissues, and a high index of suspicion of this disease is justified in reported region.

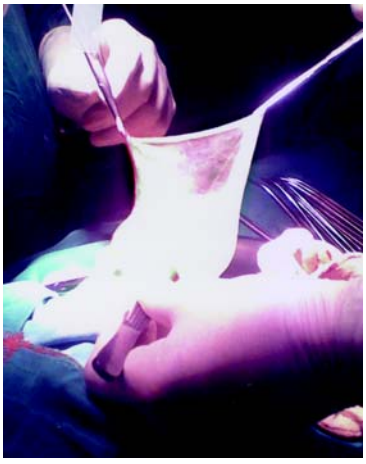

Fig 2 — Showing right sided hydatid cyst

So far, only 4 isolated records of scrotal hydatid[2-6] have been reported. However, this case has singular importance due to bilaterality. The differential diagnosis of painless translucent and fluctuant intrascrotal swelling is largely hydrocele and rarely chylocele. However, because of the rarity of the lesion that too on either side, the presumptive diagnosis of bilateral hydrocele was made.

Exploration revealed whitish thin sac. The fluid of the hydatid cysts was crystal clear. Rupture of cyst often produces violent anaphylactic reaction. Thus, total excision of scrotal hydatid cyst is the treatment of choice specially, if there is no adhesion[2].

Conclusion

A very rare case of Bilateral Scrotal Hydatid Cyst is reported to sensitize clinicians in general and surgeons in particular regarding its presence may be kept in view while dealing with the most common affliction of hydrocele.

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