Hydatid cyst in the right temporal region

Histopathologic study of the cyst contents, confirmed the diagnosis of hydatid cyst. Hydatid cysts, most commonly involves the liver (1), then lungs and rarely striated muscles (2) may be involved at larval stage of edinococcus granulosus and rare edinococcus multilocularis, only in 3% of hydatid disease (3). Parasite spreads in hematogenous manner (4). Peritoneal, spleaic, mediastinal, renal, bone, heart, brain, muscular (2,5,6). Arterial (7), seminal vesicle (8) involvement rarely happens. Preop sonography, CT scanning and MRI (9,11) and serologic ELISA testing helps diagnosis (12). New method of FNA and cyologic study as noted by thial, et al may be diagnostic (13). Appropirate therapy is cysto-peri cystectomy or evacuation (3). Mebeandazole or albendazole orally as adjunct therapy before and after operation (14), specially when surgery is impossible may be valuable (15).

References


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The patient was 58 years old lady, admitted due to recurrent right temporal cystic mass, with no previous histopathologic study.
On physical examination, a 3×3 cm mobile, cystic mass was present with no other positive finding.
Skull CT scanning revealed multilocular cystic lesion of right temporal soft tissue, without involvement of orbit, sinuses and temporal bone. Chest radiography and abdomen sonography was reported to be normal.
She undergone operation of cyst evaluation and open underwent draiwage.
She discharged after 3 days and no recurrence happened in one year follow up.

Your diagnosis?
See page 94 for the diagnosis