Medical Memoranda

Unusual Case of Hydatid Disease of the Peritoneum

A woman aged 78 was admitted on March 14, 1953, with a 24-hour history of central abdominal pain. The following past history was obtained from the patient and from notes kindly sent by the London Hospital.

CASE REPORT

At the age of 9, painless swellings were first noted in her abdomen. In 1898, when 23, she noticed an increase in the size of these swellings and was examined under an anaesthetic at the London Hospital, when the following findings were noted:

"Irregular non-cystic hard masses situated in the lower abdomen and right loin. P.V.—Normal uterus. Hard mass bulging down the posterior cervix." A provisional diagnosis of "ovarian tumours" was made. Laparotomy was advised, but refused. Seven years later the patient became pregnant. By full term her abdomen had become enormous and she was admitted to hospital at the onset of labour (unfortunately no records of the subsequent events are available).

The patient, who is a rational and reliable witness, states that her child was dead on delivery, the birth having been delayed by a large cyst. After delivery she observed the nurse scooping quantities of cysts, about 2 in. (5 cm.) in diameter, from the bed. A laparotomy was subsequently performed, and for the next five months abdominal irrigation

FIG. 1.—Radiograph of abdomen showing calcified pelvic daughter cysts, an uncalcified mass in the right loin, and calcification in the right and left lobes of the liver.

FIG. 2.—A localized view of the liver, showing calcification. The vertical linear opacity on the right side is due to a skin fold in the abdominal wall.

was carried out daily via two abdominal wounds, numerous cysts being washed out at each irrigation. These wounds eventually healed, and she remained fit and well up to the date of admission. She has been in close contact with dogs all her life, though she has never been abroad.

On examination in 1953 she was seen to be a healthy woman, mentally alert. A large cystic swelling filled the upper abdomen, the upper limits of which could not be felt. Above the pelvic brim five small round lumps were

palpable, each about 2 in. (5 cm.) in diameter. No abnormality was noted on rectal examination. After x-ray examination of her abdomen a diagnosis of hydatid disease was made. During her subsequent short stay in hospital her symptoms gradually subsided.

Investigations.—Blood count: Hb, 94%; white cells, 10,000 per c.mm. (polymorphs 85%, eosinophils 2.5%, basophils 0.5%, lymphocytes 6.5%, monocytes 5%). The Casoni test, hydatid complement-fixation test, and hydatid precipitin test were all strongly positive. X-ray examination of the abdomen and chest showed multiple circular calcified opacities in the pelvis, each about 2 in. (5 cm.) in diameter. They were regarded as being daughter cysts (Fig. 1). In addition there was calcification in the region of the right and left lobes of the liver, representing the site of the primary cyst (Fig. 2). An ill-defined non-calcified mass was visible in the right loin, corresponding to the palpable abdominal mass, and this was thought to be an uncalcified daughter cyst. (Intravenous pyelography showed it to be unrelated to the right kidney.) The liver itself was much enlarged, producing considerable uniform elevation of the right diaphragm. There was no radiological evidence of hydatid disease elsewhere in the body.

The patient was discharged after a few days, and was fit and well up to October, 1954.

COMMENT

This case is recorded because of the remarkable history and the fact that it is unusual to be able to follow a case of hydatid disease for a period of 70 years.

Seeding of the peritoneum with daughter cysts following rupture of a primary liver hydatid cyst is not rare, and the former may become manifest clinically about two years after this rupture (MacCormick, 1901). No history could be obtained in this case of an acute abdominal episode or an anaphylactic crisis occurring during childhood, so that peritoneal infestation may well have been present when abdominal lumps were first noticed at the age of 9.

Peritoneal hydatid disease in the female is usually found in the pouch of Douglas and often presents with signs and symptoms of a pelvic tumour. Dystocia has been recorded (Sutherland, 1912), and rupture of a cyst during delivery is also known to occur (Joske, 1903). We can find no reference to the occurrence of vaginal extrusion of cysts during labour, though Eden and Lockyer (1935) state that the uterus can become invaded by daughter cysts, which may then occupy the uterine cavity. However, it seems unlikely that a pregnancy could survive to term in such circumstances.

The radiological appearances in the abdomen are well recognized. Calcification in the walls of primary or daughter cysts is considered to indicate harmlessness, though not necessarily death of the cysts (Schlanger and Schlanger, 1948). The differential diagnosis of calcified pelvic cysts includes the presence of barium scybala in the colon or rectum, ovarian dermoids, uterine fibroids, and the pseudopsammoma calcification found in papillary ovarian tumours and their metastases in the peritoneal cavity (Lingley, 1942).

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