An unusual cause of obstructive uropathy: primary retrovesical hydatid cyst

Dilip Kumar Pal

Received: 7 November 2006 / Accepted: 24 April 2008

Abstract The incidence of hydatid disease in genitourinary system is very low and isolated involvement in retrovesical region is rare [1–3]. Here is a report of a case of retrovesical hydatid cyst leading to obstructive uropathy with successful outcome.

Keywords Retrovesical hydatid cyst · Obstructive uropathy

Case presentation

A 64-year-old man from rural background presented with chronic urinary retention with increased frequency and nocturnal enuresis for last two months with anorexia and vomiting for one week. On examination he was anaemic with bilateral pedal edema. Lower abdomen was abnormally distended due to chronic urinary distention. Indwelling catheterization with slow evacuation of urinary bladder was done, but still there was a lower abdominal swelling with uneven surface. The lower limit of the mass could not be reached. Per-rectal examination revealed a normal prostate.

His serum Hb was 5.2 gm%. He was normoglycaemic with elevated renal biochemical parameters. Blood urea was 64gm/dl and serum creatinine 3.2 gm/dl with normal serum electrolytes. USG suggested a large retrovesical hydatid cyst with multiple daughter cysts (Fig. 1) with bilateral dilated pelvicalyceal systems and upper ureters. A contrast-enhanced CT scan was suggestive for hydatid cyst between the urinary bladder and rectum. An indirect haemagglutination test was positive for hydatid disease.

After recovery from renal failure the mass was excised totally including some part of urinary bladder. The histopathological examination showed features of hydatid cyst. Catheter was removed in the postoperative period and the patient passed urine normally.

In follow up after three months the patient had normal USG of lower abdomen without any residual urine.

Discussion

The hydatid disease is a common condition in endemic countries, generally involving the liver or the lungs.

D. K. Pal (✉)
Department of Urology,
Bankura Sammilani Medical College
Bankura, West Bengal
India
e-mail: drdkpal@hotmail.com

Fig. 1 USG showing a large retrovesical hydatid cyst with multiple daughter cysts

Genitourinary tract involvement is quite uncommon, and the organ most usually affected is the kidney. A retrovesical location is even more rare [1–3].

In an endemic zone for hydatid disease, a hypogastric mass compressing the bladder should raise the suspicion of a retrovesical hydatid [2]. Ultrasonography is sufficient to diagnose the condition, which is confirmed by indirect haemagglutination test as well as histopathological examination of the resected specimen. Treatment is surgical: transperitoneal cystectomy and pericystic resection as extensive as possible with the exploration of abdomen for other sites like liver, mesentery and omentum [1].

References

1. Singh SK, Wadhwa P, Chandramohan V (2006) Primary retrovesical hydatidosis causing chronic renal failure. *Int J Urol* 13:76–79
2. Emir L, Germiyanoglu C, Lokumcu A, Erol D (2001) Retrovesical echinococcal cyst causing renal failure and nocturnal enuresis in a child. *J Pediatr Surg* 36:Ei4
3. Emir L, Karabulut A, Balci U, Germiyanoglu C, Erol D (2000) An unusual cause of urinary retention: a primary retrovesical echinococcal cyst. *Urology* 56:856