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Obstetrics & Gynaecology

A RARE CASE PRESENTATION OF HYDATID CYST OF OVARY

KEY WORDS:

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ABSTRACT

Ovarian cysts are fluid-filled sacs that can be benign or cancerous, simple or complex. They are common discoveries that are frequently found by chance during physical examination or imaging, most frequently in women of reproductive age. Cysts that do not function have a variety of histologic origins. The ultrasonic imaging technique, which is still regarded as the best modality to diagnose intra abdominal masses, was used in this case to diagnose the ovarian mass , which turned out to be hydatid cyst that was discovered incidentally during surgery.

Introduction

Ovarian echinococcosis is a rare disease. It is a zoonosis brought on by the larval form of the parasite echinococcus granulosus, which is primarily seen in dogs and other carnivores.

Accidental or intermediate hosts are people. Human infection happens when eggs are consumed along with food, unwashed vegetables, or water contaminated with dog faeces.

Case report

An unmarried, nulligravid woman in aged 20 ,who had been experiencing abdominal pain for the previous three months presented to the emergency department of Dy Patil Hospital. The left flank was the only area of the body experiencing the dull aching pain.

Menstrual history: The last period was on March 2, 2022. Periods are regular, 30 day cycles that last 3-4 days without pain. she had history of a right ovarian cystectomy 3 years back which was performed laparoscopically.

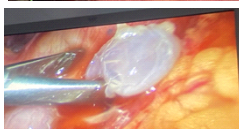
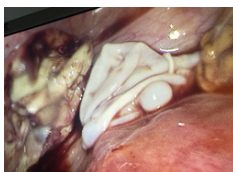
On examination, there was no pallor or edoema noticed. The general status was fair/afebrile with Pulse of 80 bpm & bp of 100/60 mmhg. On per abdominal examination p ast lap surgery scars were found otherwise abdomen was soft and non-tender with no palpable mass.

Since the patient was unmarried, no p/s p/v examination was done.

Blood tests were performed, and all results were within normal limits with the exception of an elevated eosinophil count of 25. All tumour markers were in normal range.

An abdominal and pelvic ultrasound revealed a left-sided, 5x4 cm complicated ovarian cyst with multiloculated septa within.

Laparoscopic exploration was done as treatment.



Intraoperative findings:

Omentum and abdominal wall adhesions were observed. Bilateral Ovaries and tubes found adherent to lateral pelvic wall & bowel loops.

No signs of an ovarian cyst were seen. A 4x3 cm cystic mass found which was arising from the lateral pelvic wall close to the bladder and was unintentionally perforated, from which clear fluid was drained. Within the ruptured cyst, there were three little formations that resembled cysts; they were pearly white in colour, cystic in consistency, and had a shiny surface. Those were taken out and sent for HPE, which showed a hydatid cyst. After the operation, the patient was stable and was discharged three days later.

By avoiding raw, undercooked food, practising good hygiene, and purifying water, hydatid cyst can be avoided. Anthelmintic medications are used in treatment.

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