

A case of pancreatic head hydatid cyst with multiple retention cysts of pancreatic body and tail

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Abstract: Pancreatic hydatid cyst is a type of chronic endemic worm disease which is caused by canine tapeworm metacestode Larva. Most patients have only one organ involvement, and more than 2/3 patients have only one cyst. In this research, the patient, male, 56 years old, Han nationality, repeated abdominal pain for one year and aggravated in recent two months, loss weight recently (specifically unknown), was studied. our case is special and the pancreatic hydatid is too rare, the doctors didn't think the results.

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Keywords: head hydatid cyst, multiple retention cysts, pancreatic body and tail

1.Clinical data

Patient, male, 56 years old, Han nationality, repeated abdominal pain for one year and aggravated in recent two months, loss weight recently (specifically unknown). The patient lived in rural areas from a child, and fed sheep and dogs. Physical examination: the general condition was good, the tenderness of upper abdominal was positive, and there was no palpable mass and no shifting dullness. Laboratory tests: no intradermal test in hydatid, the tumor markers were normal, and the amylase and other biochemical tests were normal; the chest film showed no abnormality in heart and lung. CT examination: the circular focus was seen in pancreatic head and tail, coating finishing, the maximum was 48*40 mm, the pancreatic duct was dilated and pancreatic body was atrophy (shown in Figures); CT diagnosis: multiple pancreatic cysts with pancreatic duct dilatation. BUS shown: multiple pancreatic cysts.

2.Preoperative diagnosis: multiple pancreatic cysts.

3.Operative findings: open gastrocolic ligament, the a 4*5 cm cysts was found in pancreatic head, then three smaller cysts with 1-2 cm in size were linked from pancreatic body to tail, and these cysts were not connected. The amylase of liquid from head cyst puncture was 118 units; cut the outer wall, a full white vermicelli-like thylakoid was removed. The three small cysts were drawn yellow liquid and the amylase was more than ten thousand units, there was no thylakoid in these cysts; then the cyst wall was collected and frozen.

4.Surgical approach: firstly the cysts of body and tail were open to form a cavity, then lifting the jejunal loop and anastomosed with the two cavities of pancreas, which means pancreatic head hydatid internal cyst removal, hydatid external cyst and the cyst cavity of body and tail had ROUX-Y anastomosis.

5.Postoperative conditions: the symptoms disappeared

and the patient was discharged smoothly.

6.Pathological diagnosis: it is consistent with the hydatid disease.

7.Discharge diagnosis: pancreatic head hydatid cyst with multiple retention cysts of pancreatic body and tail.



Fig 1



Fig 2.

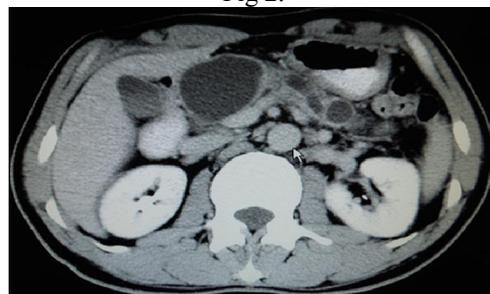


Fig 3.

8. Discussion

Pancreatic hydatid cyst is a type of chronic endemic worm disease which is caused by canine tapeworm metacestode Larva. Most patients have only one organ involvement, and more than 2/3 patients have only one cyst. The pancreatic cysts accounted for 57% in head, 24% in body and 19% in tail. The isolated hydatid was rare in pancreas, and the incidence was about 0.14%-2% according to epidemiological statistics. There were a variety of clinical manifestations, including abdominal pain, abdominal discomfort and vomiting, et al; some individual patients showed obstructive jaundice, weight loss and upper abdominal mass, which was easy to confuse with pancreatic cystic tumors (Ibis et al., 2009). There were a few cases of concurrent acute pancreatitis in foreign countries, so the clinical manifestation was acute pancreatitis (Karakas et al., 2010). Our case, the pancreatic head hydatid cyst with multiple retention cysts, is rare; there were no reports at home and abroad. The typical CT findings of hydatid cysts have a certain characteristic, such as, the outside or inside wall calcification, double wall, ascus within cyst, internal capsule membrane collapse; therefore, the diagnosis is not difficult. However, our case is special and the pancreatic hydatid is too rare, the doctors didn't think the results. The doctors found that the cyst wall thickening and calcification in pancreatic

head through review the CT films. This case should be distinguished from pancreatic pseudocysts, simple cysts, pancreatic cystadenoma and pancreatic cancer. Regarding the treatment of this disease, there were percutaneous, endoscopic, surgical treatment and combination therapy; in this case, we chose the surgery, and performed ROUX-Y anastomosis of hydatid cyst and the cyst cavity of body and tail. Then the patient took albendazole, the preferred chemopreventive agent, for nine months without any discomfort and no recurrence until now.

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References

1. Ibis C, Albayrak D, Altan A. Primary hydatid disease of pancreas mimicking cystic neoplasm. *South Med J* 2009;102:529-530.
2. Karakas E, Tuna Y, Basar O, et al. Primary pancreatic hydatid disease associated with acute pancreatitis[J]. *Hepatobiliary Pancreat Dis Int*, 2010;9:441-442.

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