

## Case Report

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# Hydatid Cyst of Gluteal Region: A Case Report

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### Introduction

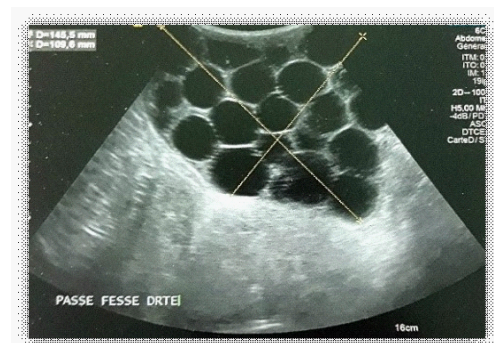
Hydatid cyst disease is an endemic parasitosis in Mediterranean region caused by *Echinococcus granulosus*, it is a public health problem, liver and lungs are most often affected but muscle localization is uncommon [1]. In this paper, we report a rare case of gluteal hydatid cyst, diagnosis and therapeutic modalities.

### Case Report

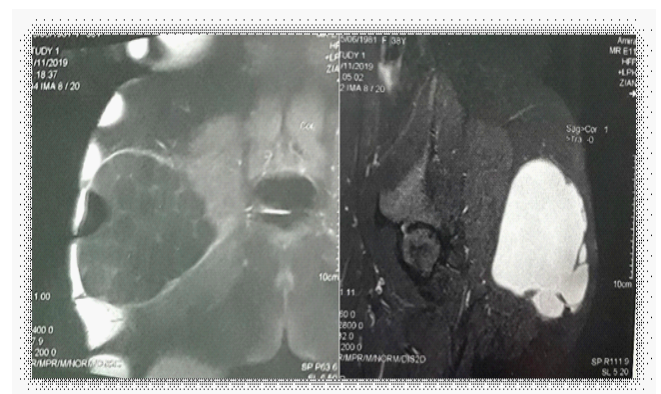
We report a case of 38-year-old female presented to our institution with and 6 months of slowly growing and painless masse of right gluteus area without history of trauma or contact with animals (**Figure 1**).



**Figure 1:** Ultrasonography demonstrated multivesicular hydatid cysts type III.



**Figure 2:** MRI imaging showed subcutaneous multivesicular cystic mass measuring approximately 18x14x15 cm, which extends in depth in contact with the gluteus maximus.

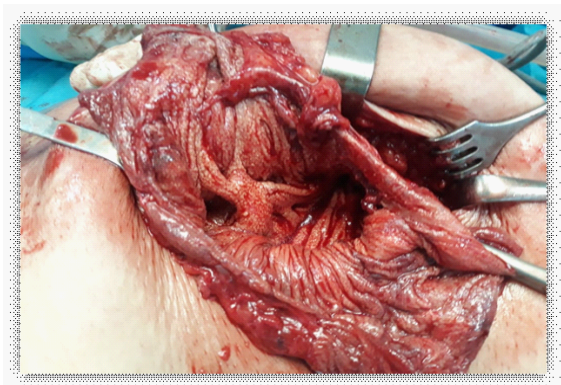


**Figure 3:** Thorax and abdomen CT-Scan were performed excluding any other hydatid cyst locations.

Blood tests showed a normal total leukocyte count, erythrocyte sedimentation and C-reactive protein, the Western Blot *Echinococcus granulosus* Serologic test was positive.

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Patient was operated in supine position under spinal anesthesia. Direct longitudinal incision performed and Cystic mass was explored in subcutaneous tissue and extend to the gluteus maximus. It was delicately removed but the membrane was not resistant and was accidentally performed then we aspirated all cystic content with abundant irrigation with hypertonic saline and povidone iodine.



**Figure 4:** Anthelmintic therapy was prescribed for six months after operation.

Clinic, sonography and serologic tests were performed regularly at 3, 6 and 12 months showing no recurrence post operatively. Our last follow up date is one year and patient is very satisfied with the results.

## Discussion

Hydatid cyst is a public health problem in low developed countries, essentially in a rural setting, incubation period of this parasitosis is long between 5 and 20 years, and symptoms may be very delayed after exposure [2].

Hydatid cyst have ubiquitous localisation but liver and lungs are most often touched. The exact mechanism of muscular localization of hydatid cyst is still not clear. Bagga et collaborators proposed three mechanisms for muscular localisation; vascular, lymphatic or contiguity dissemination from adjacent sites. [3, 4]. Primary and isolated muscular hydatid disease is often asymptomatic and palpable mass is often the sole clinic sign, however they can be symptomatic in case of neurologic compression or septic complication. Sonography, CT-scan and MRI imaging are important for the diagnosis and follow-up of hydatid cysts coupled with serologic test [5, 6]. Soft-tissue tumors are the principal differential diagnosis and must be discussed in multidisciplinary staff [7].

Treatment consist of complete surgical excision without perforating the cyst, associated with preoperative and postoperative Anthelmintic chemotherapy to avoid anaphylaxis, vascular dissemination and recurrences. For inoperable patients, Anthelmintic treatment or percutaneous aspiration-injection reaspiration (PAIR) are alternative options [8].

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