Isolated renal echinococcosis: a rare disease

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DESCRIPTION
Primary renal hydatid cyst is a rare disease.1 A 35-year-old woman presented with heaviness and a mass on the right side of her abdomen for 1 year. No history of loss of appetite, generalised weakness or weight loss was present. The medical history was unremarkable. On examination, a firm globular bimanually palpable mass was present in the right lumbar area extending from the right subcostal margin to the right iliac fossa. Ultrasonography revealed a right cystic renal mass (figure 1A). MRI detected an ill-defined heterogeneous cystic lesion involving almost the whole of the right kidney (red arrow) and multiple small cystic areas (yellow arrow).
(15×12×10 cm) involving almost the whole of the right kidney, with a few foci of calcification and multiple small cystic areas without any significant vascularity, suggestive of a renal complicated hydatid cyst (figure 1B, C). After starting oral Albendazole, abdominal exploration was carried out, which revealed a multilocular large renal cyst with calcified patches on the surface extending medially beyond the renal hilum (figure 2). Considering this extensive involvement of the kidney, a right nephrectomy was performed. Sectioning of the specimen revealed that the larger cysts were filled with calcified material, hydatid membranes and daughter cysts (figure 2).

Histopathological examination revealed features of a hydatid cyst. Postoperatively, the oral Albendazole was continued. The patient was doing well 6 months after surgery.

Competing interests None declared.

Patient consent Obtained.

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REFERENCE

Learning points
- Isolated hydatid disease of the kidney is a rare condition and may present as a large asymptomatic renal mass in an otherwise relatively healthy patient.
- Renal hydatid disease should be considered in the differential diagnosis for cystic lesions of the kidney, especially when treating people in or those migrating from endemic areas for echinococcosis.
- On imaging, a complex renal hydatid cyst may mimic cystic renal cell carcinoma.
- PAIR (puncture, aspiration, injection of scolicidal agent, re-aspiration) therapy, excision of the hydatid cyst, partial nephrectomy or total nephrectomy with peri-operative antihelminthic coverage are the appropriate treatment options according to the size of the cyst and the level of involvement of the kidney.
- Blind aspiration and spillage during the surgical procedure should be avoided.

Figure 2 Intraoperative image showing calcified patches on the surface of the kidney (black arrow), whole kidney involved except for a rim of parenchyma at lower pole (orange arrow), smaller cysts (yellow arrow) having yellowish membrane filled with clear fluid and brood capsules (blue arrow).