Case 3986

RETROVESICAL HYDATID CYST
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Patient: 36 years, male

Clinical History:
A thirty six-year old man presented with complaint of hypogasric mild pain and frequent micturition. Clinical examination was normal.

Imaging Findings:
A thirty six-year old man presented with complaint of hypogasric mild pain and frequent micturition. Clinical examination was normal. Ultrasound examination of the abdomen and pelvis showed a well-defined, multiseptae cystic lesion in the pelvis posterior to the bladder displacing the bladder forwards. There was no evidence of calcification. Ultrasound examination of liver is normal. Contrast-enhancement CT scan shows showed a well-defined, multiseptae cystic lesion in the pelvis posterior to the bladder. The patient was operated.

Discussion:
The retrovesical Hydatid Cyst (RHV) is defined by the development of the parasite in the grease under and retrovesical. It is a rare localization representing 0.1 to 0.5%. It can be about an isolated localization or can associate to other visceral lesions. The association of a RHV with other localizations is unaccustomed of the order of 1 to 4%. This localization is explained by blood dissemination. Localisation of cysts is mostly hepatic or pulmonary but peritoneal, splenic, pancreatic, and bone lesions are also reported. Juxta vesical location, preponderantly retrovesical, is rare. The position follows a tear of a cyst in the superior abdominal area, usually hepatic or splenic, and the parasite settles in the pelvic region of the peritoneal cavity, where a new cyst forms. The clinical presentation of the hydatid disease depends on the size and the site of the lesion and accessibility of the organ involved for clinical examination, clinical symptoms and signs are not specific of retrovesical hydatid cyst (burning micturition, urinary retention…). Hydatiduria, which is characterized by the presence in urine of gelatinous material and membranes reminiscent of grape skins in texture, is pathognomonic of a hydatid cyst ruptured in the urinary tract. Eosinophilia can be present as expected for parasitic infestations. The ultrasonographie shows the exact localization of the mass and its reports with the pelvic structures. It is the key diagnostic tool. Sonographic appearance can be either a simple cyst containing no internal architecture except sand, cysts with detached endocyst secondary to rupture, cysts with daughter cysts and matrix and densely calcified masses. The CT scan useful when the diagnosis is in doubt, it shows the exact localization of the mass and determine the relation with other adjacent organs. The treatment of the KHR is surgical solid in a resection of the dome covering drainage more.

Differential Diagnosis List: RETROVESICAL HYDATID CYST
Final Diagnosis: RETROVESICAL HYDATID CYST

References:


Description: Retrovesical cysts with daughter cysts measuring 21 mm x 21 mm x 28 mm x 28 mm
Origin:
Description: Retrovesical mass hypodense, with daughter cysts, measuring 24 x mm 28 mm non heightened after injection of contrast product, in intimate contact with the bladder. Origin:

Description: a bladder channel in the contact of a parietal thickening of the cyst. Origin:
Description: retrovesical cyst Origin: