

Images in medicine

Primary adrenal hydatid cyst

Younes Aggouri^{1,8}, Karim Ibn majdoub Hassani¹

¹Faculté de Médecine et de Pharmacie de Fès, Université Sidi Mohammed Ben Abdellah, Département de Chirurgie, CHU Hassan II, Fès, Morocco

[&]Corresponding author: Aggouri Younes, Faculté de Médecine et de Pharmacie de Fez, Université Sidi Mohammed Ben Abdellah, Département de Chirurgie, CHU Hassan II, Fez, Km2.200, Route de Sidi Hrazem, Fez 30000, Morocco

Key words: Hydatid cyst, adrenal gland, echinococcal disease

Received: 05/11/2013 - Accepted: 01/12/2013 - Published: 21/12/2013

Pan African Medical Journal. 2013; 16:153 doi:10.11604/pamj.2013.16.153.3550

This article is available online at: http://www.panafrican-med-journal.com/content/article/16/153/full

© Younes Aggouri et al. The Pan African Medical Journal - ISSN 1937-8688. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited

Image in medicine

Primary hydatid cyst of the adrenal gland remains an exceptional localization. The adrenal gland is an uncommon site even in our country in which echinococcal disease is endemic. In the current literature, only 21 cases have been reported up to 2007. We report the case of a 56-year-old Moroccan man was admitted to our department for right flank pain with no particular irradiation that had started three month previously. His physical examination was unremarkable. A hematological examination was characterized by a slight augmentation of white blood cells (12 cells/mm3) and by eosinophilia (8% eosinophils). His blood biochemistry was normal. Computed tomography showed a cystic mass between the liver and the kidney with daughter cysts filing the lesion (Type III). After the radiological findings, the mass was presumed to be a primary adrenal hydatid cyst and surgical exploration was planned. Despite his negative serology tests, the diagnosis of a hydatid cyst of the adrenal gland was confirmed on surgical examination. Our patient underwent under costal laparotomy with surgical excision of his cyst and preserving the gland. Postoperatively, the patient was discharged from the hospital in a stable condition 5 days later. Our patient underwent therapy with albendazole (400 mg/day) hang 4 months, no recurrence has occurred after 16 months of follow-up.

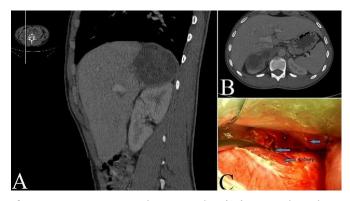


Figure 1: A-B: computed tomography (CT) scan showed a hypoattenuated cystic mass between the liver and the kidney measuring 10.5 cm x 7.2 cm with daughter cysts filing the lesion, which had a honeycomb appearance; C: Intraoperative picture showing the adrenal lodge after resection of the cyst

