

# Hydatid Cyst of the Ovary A Rare Type of Cystic Ovarian Lesion

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## Abstract

**Background:** Echinococcus granulosus or, less frequently, Echinococcus multilocularis tapeworms, in their adult or larval stages, cause the zoonotic disorder known as hydatid disease. The presentation is dependent on the engagement site. Many cases go unnoticed for a long time before they are unintentionally found. Ovarian hydatid cysts are incredibly uncommon and make up the majority of identified cases. It could be misinterpreted for ovarian cysts or ovarian cystic tumours. For the past three months, an 18-year-old lady has complained of episodes of lower stomach pain and frequent urination. On the abdominal exam, the suprapubic area showed significant discomfort but no tumours or organs could be felt there. Left adnexal cysts were visible on an abdominal ultrasound. Using a computer tomography an abdominal scan revealed a cystic left adnexal lesion with no enhancement following contrast administration. A hydatid cyst of the left ovary was discovered during a laparoscopy. With the aid of a retrieval bag, the cyst was removed from the cavity. Three months of anthelmintic treatment were recommended, and a follow-up ultrasound six months later revealed no abnormalities. In conclusion, a strong index of suspicion is needed when making a diagnosis, especially when a cystic lesion is present. In the early stages of the disease, the enzyme-linked immunosorbent assay test may provide useful information. Cyst excision is a part of laparoscopic management. After surgery, anthelmintic medications are necessary to lower the recurrence rate.

**Keywords:** Hydatid Cyst; Echinococcus Granulosus; Ovarian Cyst; Anthelmintic Drugs; Laparoscop

## Introduction

A zoonotic disorder called hydatid disease is brought on by tapeworms of the species Echinococcus granulosus or, less frequently, Echinococcus multilocularis in their adult or larval stages [1]. Carnivores like dogs have the worm in their intestines [2]. The parasite's eggs are expelled outside in the faeces of carnivores and then consumed by herbivores, such as sheep and cattle, who serve as the parasite's intermediate hosts [3]. The parasite's larvae subsequently spread throughout the body through the blood arteries from the herbivores' intestine to every area of the body [4]. Although other organs may occasionally be impacted, the liver is the larvae's most frequent destination when travelling through the portal venous system [5]. Humans may unintentionally act as intermediate hosts. The presentation is dependent on the engagement site [6]. Many instances are not symptomatic and might be found by chance [7]. The most frequent presenting symptom is pain, though some patients may also show signs of infection if the cyst becomes infected [8]. Ovarian hydatid cysts are a very uncommon appearance, making up approximately 0.2–1% of all identified cases [9]. Most often, the illness is incorrectly diagnosed [10]. The symptoms are typically vague and it can be misinterpreted for ovarian cysts or cystic tumours of the ovary. The majority of diagnoses are radiological; a CT scan or magnetic resonance imaging can be very helpful in determining the site and size, but more sophisticated imaging will reveal additional information about the anatomy and the presence of numerous cysts in other areas of the body. This is particularly significant. To rule out any pulmonary or cerebral abnormalities. Particularly during the disease's active stages, an enzyme-linked immunosorbent assay (ELISA) test may provide a wealth of information. For the past three months, an 18-year-old lady has complained of episodes of lower stomach pain and frequent urination. The patient's everyday activities were not hampered by the poorly localised pain. There was no radiation of pain, and there were no related symptoms. Menstrual periods were regular, and the patient denied ever having experienced weight changes. Past medical and surgical histories were negative, and there were no genetic abnormalities or chronic illnesses in the family background. Hemoglobin levels, the

general urine examination, and the renal function test were all normal. The patient was not conscious during examination her vital signs were normal, and she wasn't yellow or pale. On the abdominal exam, the suprapubic area showed significant discomfort but no tumours or organs could be felt there. An abdominal ultrasound revealed a cystic, uni-vesicular, fluid-filled lesion measuring 56 mm by 39 mm in the left adnexa. Moreover, a cystic left adnexal lesion with little enhancement following contrast administration was detected on an abdominal CT scan. Even in Hippocrates' time, the sickness has been documented in the literature for a long time. A high index of suspicion is consequently needed for its diagnosis because it can affect any portion of the body and can be difficult to diagnose, but in endemic places it is included in the differential diagnosis of any cystic lesion in any part of the body. Pelvic organ involvement is extremely uncommon, and many cases are discovered during surgery because the cyst may go for a long period without causing any symptoms. When individuals have pressure symptoms, their problems may be caused by their increased size. A cyst rupture may cause severe stomach pain. Torsion could occur in the afflicted ovary. Hydatid cyst situations that appear as emergencies include. A zoonotic disorder called hydatid disease is brought on by tapeworms of the species Echinococcus granulosus or, less frequently, Echinococcus multilocularis in their adult or larval stages.

## Discussion

The presentation is dependent on the engagement site. Many cases go unnoticed for a long time before they are unintentionally

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found. Ovarian hydatid cysts are a very uncommon appearance that makes up 0.2–1% of all identified cases. It could be misinterpreted for ovarian cysts or ovarian cystic tumours. For the past three months, an 18-year-old lady has complained of episodes of lower stomach pain and frequent urination. On the abdominal exam, the suprapubic area showed significant discomfort but no tumours or organs could be felt there. Left adnexal cysts were visible on an abdominal ultrasound. Using a computer tomography An abdominal scan revealed a cystic left adnexal lesion with no enhancement following contrast administration. A hydatid cyst of the left ovary was discovered during a laparoscopy. With the aid of a retrieval bag, the cyst was removed from the cavity. Three months of anthelmintic treatment were recommended, and a follow-up ultrasound six months later revealed no abnormalities. In any region of the world, a high index of suspicion is necessary for the diagnosis, especially when a cystic lesion is present. In the early stages of the disease, the enzyme-linked immunosorbent assay test may provide useful information. Cyst excision is a part of laparoscopic management. After surgery, anthelmintic medications are necessary to lower the recurrence rate. A zoonotic disease called hydatid disease is spread by adults or *Echinococcus granulosus* or, less frequently, *Echinococcus multilocularis* larval stages of tapeworms. Carnivores like dogs have the worm in their intestines. The parasite's eggs are expelled outside in the faeces of carnivores and then consumed by herbivores, such as sheep and cattle, who serve as the parasite's intermediate hosts. The parasite's larvae subsequently spread throughout the body through the blood arteries from the herbivores' intestine to every area of the body. Although other organs may occasionally be impacted, the liver is the larvae's most frequent destination when travelling through the portal venous system. Humans may unintentionally act as intermediate hosts. The presentation is dependent on the engagement site. Many cases go unnoticed for a long time before they are unintentionally found. Most people experience pain. As the cyst becomes infected, some patients may show indications of infection during their presentation. Ovarian hydatid cysts are a very uncommon appearance, making up approximately 0.2–1% of all identified cases. Most often, the illness is incorrectly diagnosed. It can be confused for ovarian cysts or ovarian cystic tumours, and the symptoms are typically vague. Ultrasound is very helpful in determining the site and size, but more sophisticated imaging will reveal more details of the anatomy and the presence of multiple cysts in other parts of the body. The diagnosis is primarily radiological, by computerised tomography scan or magnetic resonance imaging. Before surgery, it is especially important to rule out any pulmonary or cerebral abnormalities. A chemically coupled immunosorbent especially in the disease's active stages, an assay test could be very instructive. For the past three months, an 18-year-old lady has complained of episodes of lower stomach pain and frequent urination. The patient's everyday activities were not hampered by the poorly localised pain. There was no radiation of pain, and there were no related symptoms. Menstrual periods were regular, and the patient denied ever having experienced weight changes. Both the prior medical and surgical histories and the family history for genetic abnormalities and chronic illnesses were negative. Hemoglobin levels, the general urine examination, and the renal function test were all normal. The patient's vital signs were normal, and neither she nor she seemed pale or jaundiced throughout the examination. During During abdominal examination, there was significant suprapubic discomfort but no tumours or palpable organs were found. An abdominal ultrasound revealed a cystic, uni-vesicular, fluid-filled lesion measuring 56 mm by 39 mm in the left adnexa. Additionally, a cystic left adnexal lesion with no enhancement after contrast injection was detected on an abdominal CT scan. The Mediterranean region, Eastern Europe, several regions of

South America, the Middle East, East Africa, Australia, and New Zealand are among the regions of the world where hydatid disease is common. Even in Hippocrates' time, the sickness has been documented in the literature for a long time. A high index of suspicion is necessary since it can affect any portion of the body and present a diagnostic challenge. Thus, it is necessary for its diagnosis, although in endemic areas it is included in the differential diagnosis of any cystic lesion in any part of the body. Pelvic organ involvement is extremely uncommon, and many cases are discovered during surgery because the cyst may go for a long period without causing any symptoms. When individuals have pressure symptoms, their problems may be caused by their increased size. A cyst rupture may cause severe stomach pain. Torsion could occur in the afflicted ovary. Hydatid cysts can occasionally appear as an emergency with symptoms or allergic reactions in moderate circumstances, while in other instances they can result in a potentially fatal anaphylactic reaction. This happens as a result of cyst rupture and fluid leakage that is highly immunogenic. Although the cure rate with pharmaceuticals is not very high, anthelmintic medications may be utilised in some cases prior to surgery. After surgery, medications are also recommended to lower the recurrence rate. Spillage must be prevented during surgery; this is crucial for lowering the recurrence rate. Additional factors include isolating the surgical field with packs soaked in sporicidal agents and inserting sporicidal agents inside the cyst before opening the cyst. It is possible to have an open or choosing the right patients for the right treatment modality is crucial when using laparoscopic methods. Laparoscopic surgery is the most effective treatment for uncomplicated cysts, cysts in accessible areas, and univesicular cysts. Before doing any type of surgical procedure, it is crucial to rule out lung involvement; if lung cysts are found, they should be treated first.

## Conclusion

Open or laparoscopic techniques can be used for surgery; it's crucial to pick the right patients for the best treatment option. Laparoscopic surgery is the most effective treatment for uncomplicated cysts, cysts in accessible areas, and univesicular cysts. Before doing any type of surgical procedure, it is crucial to rule out lung involvement; if lung cysts are found, they should be treated first. In several areas of the world, the hydatid illness is widespread. When a cystic lesion is present anywhere in the world, a strong index of suspicion is needed for the diagnosis. In the disease's active phases, an ELISA test might be instructive. The ovarian hydatid cyst is sometimes mistaken as an ovarian cyst or cystic growth. It might not show any symptoms at all or show up suddenly. Cyst excision is a part of laparoscopic management. After surgery, anthelmintic medications are necessary to lower the recurrence rate. The study's idea and design, the writing of the article and its final approval before submission were all contributions from both authors. A zoonotic disorder called hydatid disease is brought on by tapeworms of the species *Echinococcus granulosus* or, less frequently, *Echinococcus multilocularis* in their adult or larval stages. The presentation is dependent on the engagement site. Many cases go unnoticed for a long time before they are unintentionally found. Ovarian hydatid cysts are a very uncommon appearance that makes up 0.2–1% of all identified cases. It could be misinterpreted for ovarian cysts or ovarian cystic tumours. For the past three months, an 18-year-old lady has complained of episodes of lower stomach pain and frequent urination. On the abdominal exam, the suprapubic area showed significant discomfort but no tumours or organs could be felt there. Left adnexal cysts were visible on an abdominal ultrasound. using a computer tomography An abdominal scan revealed a cystic left adnexal lesion with no enhancement following contrast administration. A hydatid cyst of the left ovary was discovered during a laparoscopy.

With the aid of a retrieval bag, the cyst was removed from the cavity. Three months of anthelmintic treatment were recommended, and a follow-up ultrasound six months later revealed no abnormalities. In any region of the world, a high index of suspicion is necessary for the diagnosis, especially when a cystic lesion is present. In the early stages of the disease, the enzyme-linked immunosorbent assay test may provide useful information. Cyst excision is a part of laparoscopic management. After surgery, anthelmintic medications are necessary to lower the recurrence rate. A zoonotic disorder called hydatid disease is brought on by tapeworms of the species *Echinococcus granulosus* or, less frequently, *Echinococcus multilocularis* in their adult or larval stages. Carnivores like dogs have the worm in their intestines. The parasite's eggs are expelled outside in the faeces of carnivores and then consumed by herbivores, such as sheep and cattle, who serve as the parasite's intermediate hosts. The parasite's larvae subsequently spread throughout the body through the blood arteries from the herbivores' intestine to every area of the body. Although other organs may occasionally be impacted, the liver is the larvae's most frequent destination when travelling through the portal venous system. Humans may unintentionally act as intermediate hosts. The presentation is dependent on the engagement site. many instances are not symptomatic and might be found by chance. The most frequent presenting symptom is pain, though some patients may also show signs of infection if the cyst becomes infected. Ovarian hydatid cysts are a very uncommon appearance, making up approximately 0.2–1% of all identified cases. Most often, the illness is incorrectly diagnosed. It can be confused for ovarian cysts or ovarian cystic tumours, and the symptoms are typically vague.

### Acknowledgement

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### Conflict of Interest

None

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