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LETTERS TO THE EDITOR
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Letter to the editor: A case report of primary retroperitoneal hydatid cyst

Primer retroperitaneal kist hidatik

To the Editor,

Retroperitoneal location of hydatid cyst is encountered rarely, even in endemic areas. A 45- year-old woman presented to our hospital with flank and back pain, weight loss and fatigue. Ultrasonography revealed a solid mass in the right retroperitoneum. Computerized tomography (CT) of the abdomen showed a well defined 15x5 cm sized low attenuation heterogeneous mass extending from the lower pole of the right kidney down to the lateral pelvic wall and closely related to the iliopsoas muscle (Figure 1).

The mass displaced the inferior vena cava, right ureter and intestinal loops medially and anteriorly.

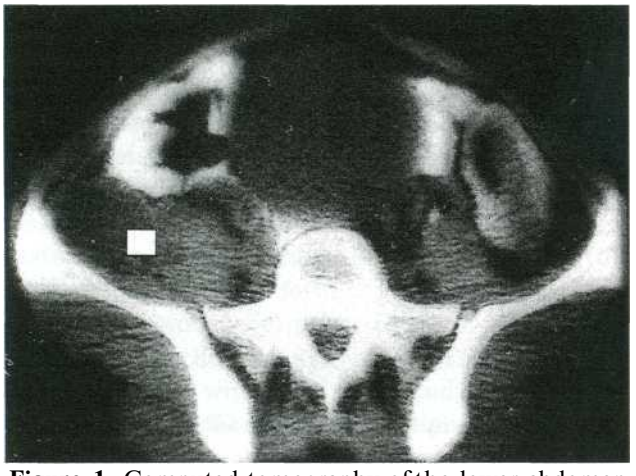

Figure 1. Computed tomography of the lower abdomen showing a heterogeneous retroperitoneal mass closely related to the iliopsoas muscle.

The patient was operated on with the diagnosis of retroperitoneal tumor. Exploration revealed a hard- walled mass, lying deep to the inferior vena cava and right ureter. The mass was adhered to the iliopsoas muscle and lateral pelvic wall. It was excised completely. The gross examination showed membranes and daughter cysts inside the mass, indicating hydatidosis. Histopathological examination confirmed hydatid cysts. The postoperative course was uneventful.

Hydatid disease is endemic in South America, Africa, Australia, Asia and in some Mediterranean countries including Turkey (1). A primary extrahepatic peritoneal disease without hepatic involvement is unusual (2). Isolated retroperitoneal location has been reported to be very exceptional, even in endemic areas (3, 4).

The differential diagnosis of a retroperitoneal cystic mass includes soft tissue tumors, cystic lymphangioma, retroperitoneal abscess, pseudocyst, and embryonal cyst (5). The retroperitoneum is an unusual site for hydatid disease, especially without hepatic involvement, which is why it is generally not included in the differential diagnosis. The findings at imaging studies may suggest hydatid disease but are sometimes inconclusive (3), and a diagnosis may not be made without surgery, as in our case. Ultrasonographic appearance of hydatid cyst is well known (6). Tomographic findings of hydatid disease include a thick wall, daughter cysts, germinal membrane detachment and calcification (7). Ultrasound and CT demonstrated a heterogeneous solid mass without

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any cystic lesion in our patient.

Although the surgical treatment should aim at the complete excision of the cyst without contamination of the field, the cysts in the retroperitoneal space can be associated with dense adhesions. A partial cystectomy (4) can be the procedure of choice to avoid injuring the neighboring organs. Hydatid disease should be kept in mind in the differential diagnosis of retroperitoneal masses in patients living in endemic areas.

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