INTRODUCTION

Echinococcus granulosus tapeworms cause a zoonotic disease called Cystic echinococcosis. The definitive hosts which involve dogs, other canines hyenas and cats, carry the adult tapeworms subclinically. Since dogs have close relationships with human-beings, they are especially significant in zoonotic transmission. Intermediate hosts are at first asymptomatic, but the growth of larvae, which constitute cysts in crucial organs such as the liver and lungs, can cause illness and death. Cystic echinococcosis is an alarming public health problem in some countries and it could be an emerging or re-emerging disease in some regions. Almost 2-3 million human cases are estimated to occur worldwide (1). The most widespread form of the disease in humans and domesticated animals, cystic echinococcosis is brought about by E. granulosus. When the larvae of this organism develop as discrete single cysts, this is the least severe and
most curable form. Nonetheless, large or multiple cysts could cause irreversible damage to organs, and the rupture or puncture of the cyst can seed multiple organs with larvae or bring about anaphylactic reactions. Human beings characteristically become symptomatic many years after infection (2).

CASE REPORT

A 66 year-old female patient who had tenesmus and lower abdominal pain of three months duration visited the outpatient clinic. Physical examination showed abdominal tenderness. No significant suggestive diagnostic finding existed in the abdominal Xray. Ultrasonography (USG) of the abdomen showed a 10x7 cm sized cystic lesion of the uterus. A multiseptate cystic lesion of the uterus was revealed by Computed tomography (CT) scan. No specific findings were found in the patient’s history. When the patient was admitted to the hospital, her blood pressure was 130/80 mmHg, body temperature was 36.8°C, and the pulse was 78 per minute. Mild tenderness was determined in the abdominal area. Laboratory results revealed that all routine blood tests and tumor markers rank were within the normal range. Anti-echinococcus antibodies (IHA) screening was negative. The patient was operated on by the General and Gynecology Surgery Departments. The whole specimen was sent for pathological assessment (Figure 1).

Histopathological finding of H and E (Hematoxylin and Eosin) section revealed a double layered membrane with an outer laminated hyaline membrane and inner granular germinal layer (Figure 2, 3).

DISCUSSION

In addition to being an occupational disease with worldwide distribution, Cystic echinococcosis or Hydatid disease is one of the most significant zoonotic diseases (3, 4). A parasitic disease, cystic echinococcosis develops cysts which develop from Echinococcus type cestodes both in humans and animals, and it continues to be an important health problem in our country (5).

The disease is more often encountered in areas where animal breeding conditions are poor and stray dogs exist. Human beings are infected with the parasite egg by contact with dogs or from contaminated food. The larvae of this parasite egg appear in the small intestine and penetrate the intestinal wall and thus enter the circulatory system (6). The common sites of hydatid disease are the liver (65-70%), lung (10-25%), peritoneum (8-18%), spleen (23%), kidney (14%), subcutaneous (12%), retroperitoneal (0.5-1%), pancreas (0.5-8%), uterus and adnexa (0.5-1%) and others sites (0.1-3%) (7). E. granulosus causes a slowly progressive unilocular, capsulated, noninvasive, chronic cystic lesion with a growth rate of 0.53 cm/year in their diameter which is non fatal and can be removed by surgical intervention (8). According to the treatment stage and localization, medical, surgical treatment and Puncture Aspiration Introduction of proscolocidal agent Reaspiration (PAIR) are utilized (9). Prior studies reported that the most common localisation for cystic echinococcosis is the liver, and the second common localisation is the lung (5). Rare intramuscular, gluteal, cervical and ovarian echinococcal diseases have also been reported (6-9) and here we present an intrauterine hydatid disease.
CONCLUSION

Cystic echinococcosis still continues to be a very important health problem for poor countries. Cystic echinococcosis in the genital tract is rare and occurrence in the uterus is an extreme rarity. Differentiation between Cystic echinococcosis and malignant disease of the related organ is difficult. A careful examination of pelvic masses should be performed in endemic areas for detection of Cystic echinococcosis in order to avoid misdiagnosis.

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