

## Hydatid Disease of the Pancreas

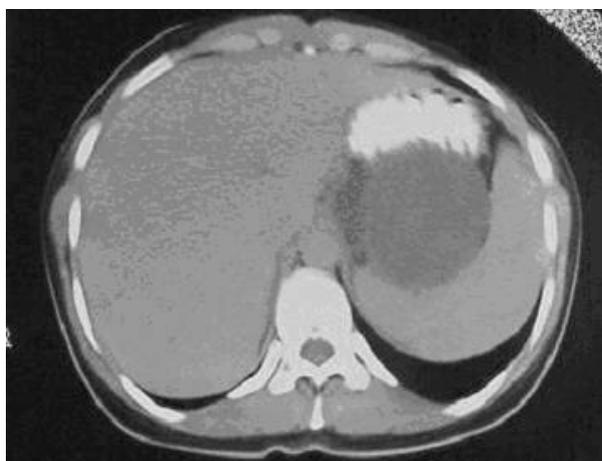
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A 34 year old woman was treated for abdominal discomfort. A CT of the abdomen showed a cyst on the tail of the pancreas (Image 1). A diagnosis of a cystic neoplasm of the pancreas was made. She was operated on and a distal pancreatectomy and splenectomy were performed. A specimen revealed the presence of a hydatid cyst affecting the tail of the pancreas and splenic hylus (Image 2). Recovery was uneventful and she was discharged from hospital on the seventh postoperative day. No other locations of hydatid disease could be demonstrated on extensive studies. She is free of the disease after a 8 year follow-up.

Hydatid disease produced by *Echinococcus granulosus* remains an important sanitary problem in many regions of the world (countries bordering on the Mediterranean Sea, South America and Oceania) despite the large body of knowledge regarding parasitic

biology which has led to adequate sanitary preventive measures, and the introduction and widespread use of chemotherapeutic agents [1]. A variety of hydatid disease produced by *Echinococcus multilocularis* is also endemic in some specific areas (Bavaria, Alaska). First, the liver, and then the lung are the organs most commonly involved by parasitic growth as a unique site (primary form) or associated with other locations (associated form). A correct diagnosis is crucial in distinguishing it from other cystic processes and has important therapeutic and prognostic consequences. Moreover, current population flows and increased travel are the reasons why new cases of hydatid disease are being observed in areas in which there was no previous prevalence and where it can be considered a clinical rarity [2]. Atypical localization has been reported in a growing incidence ranging from 3.9 to 12.5%,



**Image 1**



**Image 2**

according to registered series. The presence of hydatid disease must be considered for a correct management of the problem when considering cystic pathology.

Hydatid disease in the pancreas may be a disturbing diagnostic problem and must be distinguished from cystic neoplasms of pancreatic origin [3]. The pancreas may also be involved in inflammatory processes (acute pancreatitis) secondary to liver hydatid disease when intracystic debris is eliminated through the biliary tree.

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