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Pathological Anatomy & Cytology

Hepatic Hydatiform Cyst in Children: A Rare Location

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Abstract Case Report

Hydatid cyst of the liver is aanthropozoonosisdue to Echinococcus granulosus in dogs which is prevalent in temperate zones. In children, liver damage is the second most common location after that of the lung. It develops in the tissues of the body. We report here a case of cyst hydatid histologically diagnosed in children. Man is an accidental host and does not play no role in the biological cycle. An infestation from childhood can manifest itself late clinically sometimes even in adulthood. Cohabitation with definitive host dogs and/or sheep intermediate host could explain this child's infestation. **Keywords:** Cyst, Hydatid, Liver, Child.

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Introduction

Hydatid cyst of the liver is a anthropozoonosisdue to Echinococcus granulosus in dogs which is prevalent in temperate zones [1]. In children, liver damage is the second most common location after that of the lung. It develops in the tissues of the body [2]. The clinical manifestations are not very specific, however complications are often observed [3]. We report here a case histologically diagnosed hydatid cyst in children.

OBSERVATION

This is a 3-year-old female patient with no particular pathological history who presented with abdominal pain of progressive onset and chronic evolution. For the etiological research an abdominal scan was carried out which concluded that it was a hepatic cyst. segment VI and as conducted: a cyst ablation was performed and then sent to the laboratory for histological analysis.

At macroscopy we received four (4) well-conditioned fragments: two (2) fragments tissues and two (2) translucent fragments (Image 1). With hematoxylin and eosin staining we highlighted a thickened cystic wall with a flattened dystrophic internal

surface without atypia with fibrohyaline changes containing a resorption granuloma formed by histiocytes multinucleated and lymphocytes. In an eosinophilic content, several structures are observed ovoid protected by a thick shell with a calcified and striated appearance. A translucent membrane is associated (Image 2). Given these histological arguments, the diagnosis of hydatid cyst was retained.



Image 1: Two (2) tissue fragments and two (2) translucent fragments.

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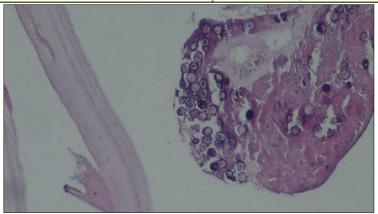


Image 2: A brood capsule containing viable scolices x200

DISCUSSION

Hydatid cyst is a cyclozoonotic disease whose definitive hosts are dogs, foxes and wolves [4]. Man is an accidental host and plays no role in the cycle biological [5, 6]. An infestation from childhood can sometimes manifest clinically later even in adulthood. Cohabitation with definitive host dogs and/or host sheep intermediate could explain the cause of this child's infestation [7]. Very few cases of cysts hydatids diagnosed histologically are reported [8]. Diagnosis in childhood as in our case is rarely reported [9]. Since no sign is specific, the diagnosis is made through the paraclinical explorations (ultrasound) depending on the area of call (8). For our patient the histological diagnosis of the excised pieces was retained in front of a brood capsule containing viable scolices as described by Harmouch T in Morocco in 2012 [10].

CONCLUSION

This parasitosis is caused by dog tapeworm larvae which are contaminated by the ingestion of dog excrement. Animals without specific clinical signs. It is a benign disease that is often discovered fortuitously on ultrasound and/or histology due to signs of complications.

Conflict of Interest: None

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