Case History: A 33-year-old patient presented with history abdominal discomfort for 5 months.

Figures 1a to 1e: Axial NCCT sections show thin walled cyst in left upper abdomen from spleen.
Figure 1 c
Figure 1 d
Figure 2a, b: Axial CT sections show thin walled cyst arising in spleen with calcifications in cyst lumen.
Figure 3: Coronal section shows cyst with calcification.

Figure 4a and b: Saggital sections show splenic cyst with splenic parenchyma stretched around cyst.

Patient underwent NCCT examination. CT scan showed a large cyst of 12x10 cm in left upper abdomen arising from spleen with splenic parenchyma stretched around spleen (Figure 1a to 1e and Figure 4a, 4b and 5). Calcification seen within cyst (Figure 2a, 2b and 3).

**Diagnosis:** Hydatid cyst.

**Discussion:** Splenic hydatid infection is rare, and isolated splenic involvement is even less common.\(^1\) Splenic hydatid disease has been reported to constitute up to four percent of cases of abdominal hydatid disease.\(^2\) Splenic hydatid cysts are usually solitary. As the hydatid cyst increases in size it may lead to compression of the hilar vessels of the spleen, resulting in pericystic splenic atrophy. Eventually the cyst may completely replace the splenic parenchyma. Chronic pericystic inflammation may cause adhesion with adjacent organs or even fistulization between the cyst and nearby organs such as the stomach, pancreas, left colon, left kidney or bronchus.\(^3\) Sources of
Splenic hydatid cysts are generally asymptomatic. When the cyst reaches an advanced size, the patient presents with a painful mass in the left hypochondrium. Symptoms are nonspecific and include abdominal pain, enlarged spleen, and fever. Imaging findings are similar to those of hepatic hydatid disease and range from purely cystic lesions to a completely solid appearance. Ultrasonography and CT are the most valuable imaging techniques for the diagnosis and evaluation of focal splenic diseases. Complications may include secondary infection rare and usually occurs by haematogenous spread, cyst rupture, and anaphylactic shock.

The differential diagnosis for splenic hydatid cysts includes other splenic cystic lesions, such as: splenic epidermoid cysts, splenic pseudocysts, splenic abscesses, splenic haematomas, and cystic neoplasms of the spleen. Management options include surgery but owing to the risk of spontaneous or traumatic rupture, splenic hydatid cysts are usually treated surgically with a total or partial splenectomy. Albendazole therapy is the mainstay of treatment in the postoperative follow-up period.

**References:**


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