HYDATID DISEASE IN CHILDHOOD

Report of Five Cases

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Ever since Hippocrates described hydatid disease, physicians all over the world have encountered it in various organs. The incidence is greater in sheep-raising countries like Australia, Brazil, South Africa and Panama. In India, it is endemic. Maplestone (1933) reviewed the problem as it existed in the country at that time. Later, he found 18 per cent of dogs in Calcutta to be infested with *Taenia echinococcus* (Maplestone and Bhaduri 1940). Although the disease is not uncommon, there has been very little work published on the subject, both in man and in animals (Sami 1938, Chopra et al. 1939, Maqsood 1946, Chhutani and Chug 1957, Kumar and Mehta 1967).

Hydatid disease is more common among males (Vacher and Hillman 1965), which may reflect an occupational hazard. It is uncommon to see symptomatic cases before adulthood. Every organ can be involved and in one patient, more than one site may be affected. Symptoms may be delayed by several years if the hydatid is present in a relatively silent area; contrarily, these may appear soon and progress rapidly if the site is near a vital area, for example the brain. The liver and lungs are the two most frequently involved organs. In adults, the liver seems to be the most frequent site, while in children pulmonary hydatid is as common or even more frequent (Myers 1960). The proportion of lung to liver hydatid also varies in different geographic regions. The cause for such differences is not known.

The diagnosis of hydatid disease rests on the detection of a cystic mass, clinically or on radiology, Casoni’s test is helpful if it is positive. It must be remembered nevertheless that the test may remain positive for many years after the removal of the cyst. The test must be adequately controlled, to prevent reading too much into a technically erroneous investigation. In uncomplicated disease, eosinophilia is inconstant; if the cyst has ruptured, marked eosinophilia is usual.
The paucity of reports on childhood hydatid disease has prompted us to report five cases seen in our hospital.

Report of Cases

Case 1. A 6½-year-old boy was seen in February 1963, with complaints of fever and dry cough for 8 months. There was some exertional dyspnea and one episode of hemoptysis. There was a definite history of playing with dogs. Examination showed hepatic enlargement of 3 cm, which was soft and nontender. The left side of the chest moved less and there was diminished vocal fremitus and resonance, with diminished air entry over the left base. The hemoglobin was 9.4 G. %, absolute eosinophil count 450/mm³, liver function tests within the normal range, blood urea 18 mg% and Mantoux test was negative. Sputum was negative for acid fast bacilli. X-ray of the chest showed a large round shadow in the left hemithorax posteriorly and raised left dome of the diaphragm. Fluoroscopy and barium swallow revealed the presence of two cysts. On thoracotomy, a bluish cyst 4" x 4" was seen between the two lobes; it was surrounded by a pericyst. On manipulation, it ruptured and was aspirated. A cyst in the lower lobe was removed in one piece. The postoperative period and subsequent followup was uneventful. Histopathology of the cyst confirmed the diagnosis of hydatid disease.

Case 2. A 4½-year-old girl was admitted to hospital in February 1963, with complaints of abdominal distension and a visible mass in the epigastrium for three months. The child had lost appetite and weight. There was a history of frequent contact with dogs. She weighed 14 Kg. and was very anemic. A mass 8 cm x 11 cm was felt in the epigastrium; it was nontender, firm, smooth and moved well with respiration. The lower and left borders were well defined. There was no thrill, peristalsis or expansile movement. The hemoglobin was 8.5 G. %; there was no eosinophilia and liver functions were normal. Barium meal showed a soft-tissue mass displacing the stomach laterally and posteriorly. Laparotomy revealed a large hydatid cyst occupying the whole of left lobe of the liver. The cyst burst during manipulation and was aspirated. The wall of the cyst was removed. Two weeks after the operation, the child developed hectic fever and re-exploration did not reveal any abscess. The granulation tissue was scraped and the child given chloramphenicol for one week. The subsequent course was without any complications. Histopathology showed scolices and confirmed the diagnosis.

Case 3. A 5-year-old boy was seen in February 1965 with the complaints of repeated bouts of fever, cough and expectoration for the last 3 years. He had been diagnosed as a case of lung abscess and was being treated with antibiotics which relieved the symptoms, and there was radiological improvement. The child was pale, and showed mild clubbing of fingers. The trachea was central; percussion note was impaired on the right upper chest, there were increased vocal fremitus and resonance and cavernous breathing with a few medium crepitations in the same area. The liver