

Original Research Article

# To study the changing presentation of hydatid cyst disease

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**Abstract:**

**Background & Method:** The aim of this study is to study the changing presentation of hydatid cyst disease.

Clinical assessment was done in the form of general condition, clinical manifestation, diagnosis, treatment, and discharge status. For assessment of hydatid disease X-ray, USG & C.T. Scan where required was used. The diagnosis of hydatid was confirmed histopathologically. Patients were operated by different surgical methods.

**Result:** No statistics are computed because Liver is a constant. Pearson Chi Square = 1.487, df = 1, P value = 0.223 Non-Significant. Pearson Chi Square = 0.000, df = 1, P value = 1.000 Non-Significant. The difference was found to be statistically non significant ( $p < 0.05$ ). The table shows the higher percentages of Prospective patients (100.00%) for 'No' of lungs and (0.0%) for Yes whereas the higher percentage for 'Yes' of lungs was only (9.00%) of Retrospective patients.

**Conclusion:** Hydatid cysts present with varied symptomatology. Disease mostly affects the liver and that too the right lobe of liver and very less to other organs of the body. Now a day with the use of advance radiological imaging early diagnosis of hydatid disease take place, prompt treatment started and it minimizes the spread of disease to other part of the body.

**Keywords:** presentation, hydatid & cyst.

**Study Designed:** Observational Study.

## 1. INTRODUCTION

Echinococcosis or Hydatid disease is one of the oldest disease known to mankind. It was first described in the Talmud as "bladders full of water". Hippocrates recognized human hydatidosis over 2,000 years ago[1]. Hippocrates stated in his 55<sup>th</sup> aphorism: "When the liver is filled with water and bursts into the epiploon, in this case the belly is filled with water and the patient dies". The Arab Physician Al Rhazes made references to Hydatid disease of liver in AD 900[2].

The adult worm was discovered by Hartmann in 1695 and larval form by Goeze in 1782. John Hunter, in 1793, was the first to suspect the secondary nature of intrapelvic cysts, even before the parasitological basis of the condition was known (Hunter, 1966) [3].

Hydatid disease has been recognized as a public health problem of global dimensions. It is found in all sheep raising countries e.g. Australia, New Zealand, Tasmania, Middle East countries, Turkey, Greece, Russia, Latin America, Cyprus and the far East[4]. It is believed

that there are relatively few countries in which cestodes of the genus Echinococcus are entirely absent Annual incidence rates of diagnosed human cases per 100,000 inhabitants vary widely, from less than 1 case per 100,000 to high levels[5].

## 2. MATERIAL & METHOD

A prospective study was carried out on a total (n=120) of patients admitted in the Department of Surgery at Aims, Dewas, M.P. from May 2020 to April 2021. The data regarding registration like: age, sex, residence, religion, level of education, socio-economic status was obtained. Clinical assessment was done in the form of general condition, clinical manifestation, diagnosis, treatment, and discharge status. For assessment of hydatid disease X-ray, USG & C.T. Scan where required was used. The diagnosis of hydatid was confirmed histopathologically . Patients were operated by different surgical methods. Descriptive statistics were used in analyzing the patient characteristics and laboratory parameter.

### Inclusion criteria:

- All diagnosed cases of hydatid cyst
- Age >18 years and above
- Patients who give written informed consent.

### Exclusion criteria:

- Age <18 years

## 3. RESULTS

**Table 1: Association between Liver and Patient Groups**

Liver		Group		Total
		Retrospective	Prospective	
Yes	Count	100	20	120
	%	100.0%	100.0%	100.0%
Total	Count	100	20	120
	%	100.0%	100.0%	100.0%

No statistics are computed because Liver is a constant

**Table 2: Liver Function Test**

Status	Frequency	Percent
Not Raised	113	94.2
Raised	07	5.8
Total	120	100.0

**Table 3: Association between Single/Multiple and Patient Groups**

Single/Multiple		Group		Total
		Retrospective	Prospective	
Multiple	Count	7	0	7
	%	7.0%	0.0%	5.8%

Single	Count	93	20	113
	%	93.0%	100.0%	94.2%
Total	Count	100	20	120
	%	100.0%	100.0%	100.0%

**Pearson Chi Square =1.487, df = 1, P value = 0.223 Non Significant**

**Table 4: Association between Complicated and Patient Groups**

Complicated		Group		Total
		Retrospective	Prospective	
No	Count	95	19	114
	%	95.0%	95.0%	95.0%
Yes	Count	5	1	6
	%	5.0%	5.0%	5.0%
Total	Count	100	20	120
	%	100.0%	100.0%	100.0%

**Pearson Chi Square = 0.000, df = 1, P value = 1.000 Non Significant**

**Table 05: Association between Lungs and Patient Groups**

Lungs		Group		Total
		Retrospective	Prospective	
No	Count	91	20	111
	%	91.0%	100.0%	92.5%
Yes	Count	9	0	9
	%	9.0%	0.0%	7.5%
Total	Count	100	20	120
	%	100.0%	100.0%	100.0%

**Pearson Chi Square =1.946, df = 1, P value = 0.163 Non Significant**

The difference was found to be statistically non significant ( $p < 0.05$ ). The table shows the higher percentages of Prospective patients (100.00%) for 'No' of lungs and (0.0%) for Yes whereas the higher percentage for 'Yes' of lungs was only (9.00%) of Retrospective patients.

#### 4. DISCUSSION

Hydatid cyst is the most well-known reason for cystic Liver sickness around the world. Hydatid sickness is a zoonoses-a gathering of cestode diseases, brought about by little taeniid-type tapeworm Echinococcus. Man is an incidental moderate host. Man is impasse have. Man doesn't hold onto the grown-up worm[6].

Hydatid sickness has been perceived as a general medical issue of worldwide aspects. It is found in all sheep raising nations eg. Australia, New Zealand, Tasmania, Center East nations, Turkey, Greece, Russia, Latin America, Cyprus and the far East. Relocation and travel cause

the spread of the illness around the world[7]. India goes under low endemic zone for hydatid illness.

In our review, the most minimal and most elevated age bunch contaminated were between 20-30 yr and in excess of 60 yr old enough, separately. In our examinations, youthful grown-ups and moderately aged people were made up the biggest extent of careful cases.

In this review, the greater part of the subjects were men and are from country region. Reasons like cleaning and eating crude vegetables, close contact with homegrown creatures and unfortunate cleanliness and drinking water sterilization[8].

Higher pervasiveness of illness in rustic regions due to close contact with soil, dairy cattle, and canines. In metropolitan regions its is connected with way of life of the populace in which unfortunate cleanliness and undesirable eating ways of behaving prompting hydatidosis are being normal[9&10]. In our investigation we discovered that the mean frequency of Hydatid illness patient conceded overall careful wards is 1.256 per 1000 confirmations in everyday careful wards.

## 5. CONCLUSION

Hydatid cysts present with varied symptomatology. Disease mostly affects the liver and that too the right lobe of liver and very less to other organs of the body. Now a day with the use of advance radiological imaging early diagnosis of hydatid disease take place, prompt treatment started and it minimizes the spread of disease to other part of the body.

## 6. REFERENCES

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