

13th International Conference on

Surgical Pathology & Practice

March 27-28, 2017 Madrid, Spain

Primary renal hydatid cyst- A case report

Kokila Sreeramaiah and Ashalatha N

Bangalore Medical College and Research Institute, India

Hydatid disease commonly involves liver and lungs, although any organ can be involved. We report a case of primary renal hydatid cyst without the involvement of liver or lung, an extremely rare occurrence, with an incidence of 2 to 3% only. A 35-year-old male patient presented with right flank pain since 1 month. Ultrasonogram showed a large mass of 8×6×6 cms³ in the lower pole of the right kidney with cystic, enhancing solid components and calcified areas. This was of concern for a renal cell carcinoma. The patient underwent laparotomy with cyst excision and marsupialization. On gross examination the large cyst consisted of multiple fluid filled transparent cysts. Histopathology showed a laminated hyaline structure. Also, seen was thick fibrocollagenous tissue, fibrosis, calcification and chronic inflammatory infiltrate comprised of lymphocytes and eosinophils. This case report highlights that the renal hydatid cyst is often asymptomatic with non-specific clinical features. Only in 10 to 20% of the cases, rupture of the cyst into the collecting system can result in hydatiduria, the pathognomonic sign of renal hydatid cyst.

Biography

Kokila Sreeramaiah has a keen interest in Immunohistochemistry, Oncopathology and Molecular Pathology. She has graduated from Rajiv Gandhi University of Health Sciences in Bangalore, India. She currently serves as Assistant Professor of Pathology at Bangalore Medical College and Research Institute, India. She has published her research on cervical carcinoma and is currently working on evaluation of diagnostic markers for oral squamous cell carcinomas. She is passionate about teaching and is actively engaged in the medical curriculum of her educational institution.

Kokila.krishsan@gmail.com

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