www.jcimcr.org

JCIMCR OPEN ACCESS Journal of Clinical Images and Medical Case Reports

ISSN 2766-7820

Clinical Image

Open Access, Volume 6

Primary pancreatic hydatid cyst: A rare clinical entity

Aymen Mabrouk[1]; Yassine Tlili[1]; Oumeima Fatnassi[1]; Adib Kefi[1]; Montacer Hafsi[2]*; Mounir Ben Moussa[1]

[1]Department of General Surgery A21, Charles Nicolle Hospital, Faculty of Medicine of Tunis, Tunisia.

[2]Department of Gynecology, Menzel Tmime, Nabeul, Faculty of Medicine of Tunis, Tunisia.

***Corresponding Author: Montacer Hafsi**

Department of Gynecology, Menzel Tmime, Nabeul, Faculty of Medicine of Tunis, Tunisia.

Email: docteur.yassine123@gmail.com

Received: Jun 23, 2025

Accepted: Jul 18, 2025

Published: Jul 25, 2025

Archived: www.jcimcr.org

DOI: www.doi.org/10.52768/2766-7820/3705

Keywords: Hydatid cyst; Pancreas; Hydatid serology; Surgery; Resection.

Description

We report the case of a 54-year-old man with a surgical history of sigmoidectomy and colorectal anastomosis performed ten years prior for sigmoid volvulus. The postoperative course was marked by persistent abdominal bloating, requiring repeated colonic exsufflation, attributed to chronic colonic dilatation without anastomotic stricture. Abdominal CT imaging revealed distension of the entire colon without any obstructive lesion, associated with a multilocular cystic lesion of the pancreatic tail measuring 11 × 9 × 13 cm, responsible for segmental portal hypertension (Figure 1). Hydatid serology was positive, suggesting a diagnosis of a pancreatic hydatid cyst. The patient underwent an exploratory laparotomy. Intraoperatively, the entire colon was distended (Figure 2A), and a well-defined cystic lesion was found in the pancreatic tail, which was densely adherent to the spleen and associated with collateral venous circulation (Figure 3A). We performed a subtotal colectomy (Figure 2B) without immediate restoration of intestinal continuity, combined with partial resection of the pancreatic hydatid cyst (Figure 3B). The cyst contents, consisting of non-infected multivesicular fluid (Figure 3C), were completely evacuated. A drain was placed in the residual cavity. The immediate postoperative period was uneventful, and subsequent follow-up at 6 months revealed complete recovery with no signs of recurrence.

Hydatid disease, a globally prevalent anthropozoonosis, continues to pose substantial public health challenges, especially in endemic areas like the Mediterranean region, including Tunisia [1]. While the liver represents the primary target organ in most cases, isolated pancreatic involvement - defined as infection without concomitant hepatic or peritoneal lesions - constitutes an exceptionally rare clinical entity, accounting for only 0.14-2% of all systemic echinococcosis cases [2].

Due to their rarity, pancreatic hydatid cysts are often misdiagnosed as other cystic lesions—such as pancreatic cystadenoma or cystadenocarcinoma. Accurate preoperative diagnosis relies on a combination of multimodal imaging (contrast-enhanced CT, MRI, or contrast-enhanced ultrasound) and confirmatory hydatid serology [2,3].

The treatment of pancreatic hydatid cysts is surgical. Two

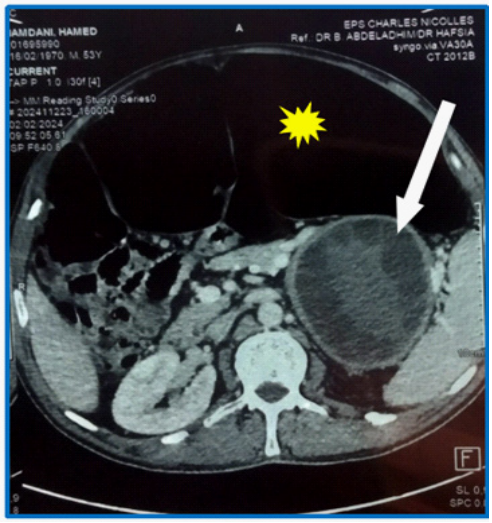

Figure 1: Axial contrast-enhanced abdominal CT showing colonic distension (*) and a multilocular pancreatic cyst (white arrow).

main approaches exist: radical surgery and conservative surgery. The choice of treatment depends on the cyst's location relative to the mesenteric-portal pedicle, its anatomical relationships with surrounding structures, and the presence of any complications [3]. In our case, the cyst's close adherence to the spleen, presence of segmental portal hypertension, and requirement for concurrent colectomy warranted a conservative surgical approach.

References

1. S1. C Cöl, M Cöl, H Lafçi. Unusual localizations of hydatid disease. Acta Medica Austriaca. 2003; 30(2): 61-4.
2. Yilei Wu, Jun Gong, Wei Xiong, Xiaojiong Yu, Xiangyu Lu. Primary pancreatic hydatid cyst: a case report and literature review. BMC Gastroenterol. 2021; 21(1): 164.
3. Bharati Hiremath, Narayana Subramaniam, Manobhiram Boggavarapu. Primary pancreatic hydatid cyst: an unexpected differential diagnosis. BMJ Case Rep. 2015; bcr2015211377.

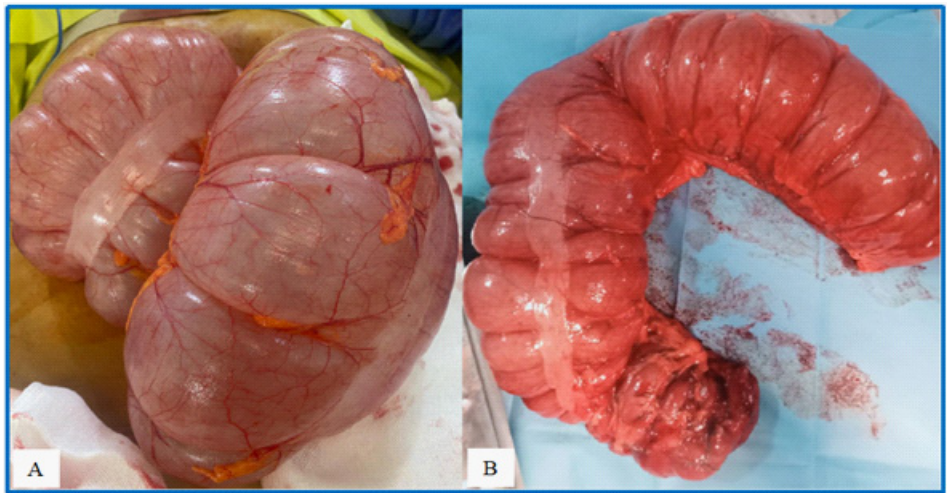

Figure 2: Intraoperative findings: **(A)** Diffuse colonic distension; **(B)** Subtotal colectomy specimen.

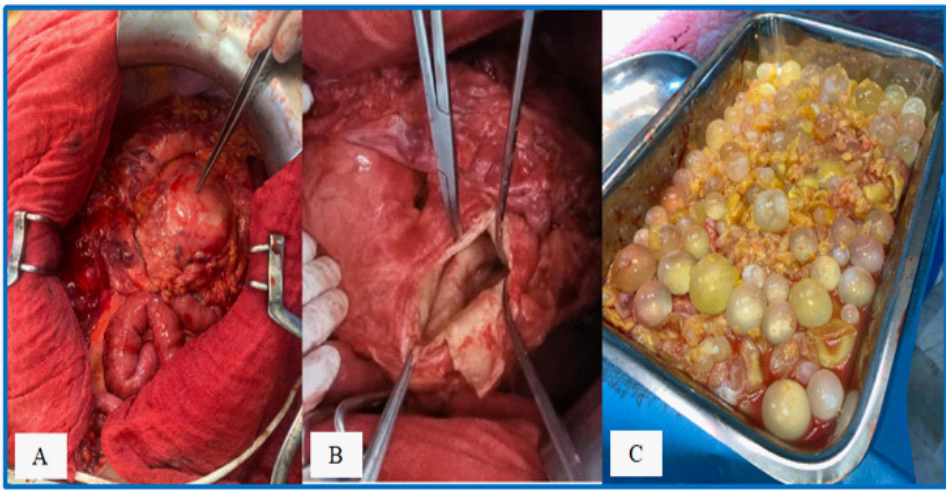

Figure 3: Intraoperative findings: **(A)** Hydatid cyst in the pancreatic tail causing collateral venous circulation; **(B)** Opened pericyst after evacuation of hydatid contents; **(C)** Hydatid contents consisting of multiple daughter vesicles.