

Pseudotumoral Aspect of the Hydatid Cyst of the Kidney

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CASE REPORT

A 58-year-old woman was examined for isolated continuous pains in the right flank since 3 months. She had no specific urinary problems. The physical exam she underwent did not detect any fullness in the right flank.

Serum biochemistry, haematology, and urine analysis were all normal. The ultrasound exam showed a heterogeneous mass of the right kidney. The computed tomography (CT) revealed a right renal mass measuring 4 cm out of 5 cm, having a central necrosis, few calcifications on the wall, and a heterogeneous enhancement by contrast product (Fig. 1). The diagnosis of the right renal carcinoma was highly suspected, then a right nephrectomy was performed.



FIGURE 1. Computed tomography: Right renal mass 4/5 cm, with central necrosis and heterogeneous enhancement by contrast product.

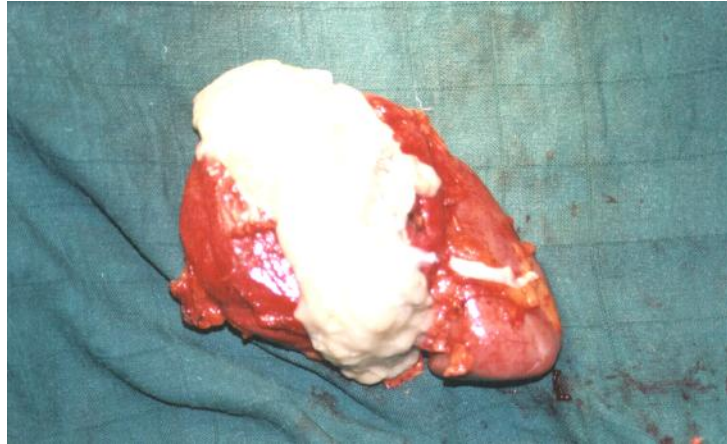


FIGURE 2. Macroscopic aspect: presence of whitish gelatinous infected substance at the opening of the kidney.

The macroscopic aspect of the kidney at its opening showed a whitish gelatinous infected substance with no evidence of malignant formation (Fig. 2).

The pathological examination showed a quasi-damaged kidney containing an atypical cyst full of hydatid membranes with thick wall.

COMMENT

Hydatid disease of the kidney is an unusual entity, representing 2–4% of all cases of hydatid disease[1]. An accurate preoperative diagnosis of a hydatid cyst of the kidney assumes a high level of suspicion for the entity, since it usually mimics more familiar lesions of the kidney[2].

CT is assumed to be the most diagnostic of all laboratory and radiological investigations[3]. However, through this case, the authors think that the CT scan may be misleading and want to draw the attention of all clinicians serving in the endemic area that hydatid disease should be considered in the differential diagnosis of solid occupying urinary tract lesions.

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