



## RESEARCH LETTER

## Nephrectomy for Benign Renal Disease in a Case of Isolated Renal Echinococcosis

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Hydatid disease is endemic parasitic disease of the Mediterranean countries. It may develop in any part of the body. The location is mostly hepatic (75%) and pulmonary (15%), and only 10% occur in the rest of the body, (1) with renal involvement occurring in only less than 5% of confirmed cases (2-6). We report a sixty year old male with calcified left renal hydatid cyst, with history of hydatiduria, who had to be subjected to nephrectomy.

A 60 year old male presented with history of episodic pain left lumbar area for last 2 years. The clinching point in this patient having hydatid kidney was history of passing grape like structures in urine that is hydatiduria for last 2 years. This patient was a nomad with history of being in contact with livestock and canines. Physical examination revealed a hard mass in left lumbar area about 9 cm x 4 cm in size which moved little with respiration and was ballotable. Plain KUB was done which revealed calcification in left renal area. Intravenous urogram revealed non-functioning left kidney. No evidence of hydatid disease was found in any other organ of body. This patient being a case of isolated calcified hydatid cyst left kidney, with total destruction of renal parenchyma, was subjected to total left nephrectomy.

Hydatidosis is an endemic disease caused by the larval form of *Echinococcus granulosus*. Renal involvement is seen in less than 5% of confirmed cases. Isolated hydatid disease of the kidney is a rare condition that can be challenging to diagnose (7). It remains clinically silent for a long time, and only presents at the stage of complications. Hydatiduria, which is observed in 10-30% of the cases, is the only pathognomic feature (8). The treatment is mainly based on surgery (9). The resection of the prominent dome remains the standard option as it allows preservation of the kidney, but total nephrectomy has to be proposed in cases of renal destruction (10).



Fig 1: Intravenous Urogram Showing Calcified Hydatid Left Kidney

### References

1. Kiresi Da, Karabacakoglu A, Odev K *et al.* Uncommon locations of hydatid cysts. *Acta Radiol* 2003; 44(6):622-36.
2. Hamamci EO, Besim H, Korkmaz A. Unusual locations of hydatid disease and surgical approach. *ANZ J Surg* 2004; 74(5):356-60.
3. Manterola C, Vial M, Losada H *et al.* Uncommon locations of abdominal hydatid disease. *Trop Doct* 2003; 33(3):179-80.
4. Mercut D, Ianosi G, Resceanu A *et al.* Hydatid cyst—rare presentations. *Chirurgia (Bucur)* 2004; 99(3):173-36.
5. Col C, Col M, Lafci H. Unusual localizations of hydatid disease. *Acta Med Austriaca* 2003;30(2):61-64.
6. Versaci A, Scuderi G, Rosato A *et al.* Rare localizations of echinococcosis: personal experience. *ANZ J Surg* 2005; 75(11):986-91.
7. Yaycioglu O, Ulsan S, Gul U *et al.* Isolated renal hydatid disease causing ureteropelvic junction obstruction and massive destruction of kidney parenchyma. *Urology* 2006; 67 (6) :15-17.
8. Sountoulides P, Zachos I, Efremidis S *et al.* Nephrectomy for benign disease? A case of isolated renal echinococcosis. *Int J Urol* 2006;13(2):174-76.
9. Abascal J J M, Esquena F S, Martos C R *et al.* Renal hydatidic cyst simulating hypernephroma. *Actas Urol Esp* 2005;29(2):223-25.
10. Ketata H, Payromaure M. Hydatid cyst of the Kidney. *Ann Urol (Paris)* 2004; 38(6):259-65.

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