

# Hydatidose of the Pelvis Simulating a Hemangioma: A Rare Location: About a Case

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**Abstract :-** Hydatidosis is an anthrozoosis , it is due to the development in humans of a cestod transmitted by the dog . Bone localization is rare .Ultrasound and MRI are sufficient examinations to establish the diagnosis . We report the case of a women patient living in a rural environment in contact with dogs ,the MRI reveals an hydatic cyst of the pelvis.

**Keywords:-** Cyst Hydatic, Bone, Treatment.

## I. INTRODUCTION

Echinococcosis is a cosmopolitan anthrozoosis that is common to humans and many mammals linked to the development of the larval or hydatic form of a dog's tenia called echinococcus granulosus(1).

Hydatidosis of the basin is a rare condition and whose diagnosis is often late and is based on a beam of clinical, biological, radiological and anatomopathological arguments(2).

We report the case of a patient whose primary diagnosis was oriented towards a benign tumor.

## II. MATERIAL AND METHOD

She is a 24 -year -old patient, living in rural areas, in contact with sheep and dogs, who consults for booming for 2 years, due to mixed -type pain in the left hip making it difficult to 'Completion of daily tasks.

Faced with this symptomatology, the patient consults, the clinical examination does not fall under particular, apart from episodes of pruritus, an X-ray of the requested pelvis revealed a pinch of the left-end joint-femoral joint with incomplete multiloculated images on the shelves of honey interesting the iliac bone.

The left hip scanner shows a left iliac lytic process of 57\*57\*71mm multiloclé enhancement with the contrast product with lobule contours calcifications, with periosteal reaction of the internal cortex; The internal obturator muscles, iliac, pectinated and buttocks are infiltrated, with multiple inguinal and iliac adenopathies concluding towards a hemangioma as the first diagnosis mentioned in radiology.

The MRI finds the same radiological aspects, with a T2 hypersignal of the lugettes of the iliac crest. A bone biopsy is done, the anatomopathological examination shows an infiltration by plasma cells and eosinophilic polynuclear trees within a fibrous tissue housing vessels of variable sizes. The diagnosis of hemangioma is suggested but can only be final after having completed by a biological assessment given the eosinophilic infiltration to histology.

Biology shows eosinophilia, and hydatic serology has returned positive. The diagnosis chosen is a bone hydatic cyst based on the various biological and radiological clinical elements and after rereading the anatomopathological part.

After a RCP between orthopedic surgeons, infectiologists, anatomopathologists and biologists, it was to put the patient under suppressive treatment by the albendazole because it is promising when the size is less than 8cm, with a dosage of 10mg/kg or 800mg per day in two sockets, for 28 days, spaced 15 days to alleviate hepatic toxicity.

Clinical evolution 2 years after the start of management is satisfactory with clinical state stability and stopping progression of imagery hydatidosis lesions.



Image 1 : MRI images showing a multiloculated lesionallytic process in T2 hypersignal and enhancing after gadolinium injection of the left iliac wing

**REFERENCES**

- [1]. Ouzaa et al volumineux jystes hydatiques à propos de 3 cas -71-9.pdf RMACOT 2017
- [2]. Elmrini el al : l'hydatidose: une coxopathie destructrice exceptionnelle , la lettre du rhumatologie num 354 année 2019
- [3]. Ait Lahcen et al : hydatidose musculaire périphérique particularités diagnostiques et thérapeutiques ; à propos de 5 cas avec revue de la littérature rmacot-68-9. année 2017



Image 2 : MRI image showing a hypertrophic of the inner periosteal reaction cortex of the left iliac wing

**III. DISCUSSION**

Osteoarticular hydatidosis remains rare and represents 0.3 to 3% of all cases, it is most often expressed at a late stage and affects in decreasing order in 50% of the cases, long bones, the pelvis then the coasts and the skull.(1)

The *Echinococcus granulosus* does not take the cystic form in the bone tissue but achieves multi-vesicular budding infiltration(2).

Pain occurs in the event of infiltration of the surrounding soft tissues forming an hydatid ossifluent abscess.

In the pure bone location, the surgery decision remains difficult because the infectious risk is significant with a high anaphylactic type reaction that can bring into play the patient's vital prognosis, but remains the only radical treatment(1)(3).

When the size is less than 8cm, medical treatment with long-term albendazole remains a good alternative with clinical-biological and radiological surveillance close together(2).

**IV. CONCLUSION**

The bone hydatid cyst remains a rare entity, the diagnosis can be wrong at the start, hence the interest of assembling a set of clinical and paraclinical arguments in order to make the diagnosis. Treatment is questionable on a case-by-case basis, ranging from long-term medical treatment to radical surgery.