

ABSTRACT

Background

Hydatid disease is a very common parasitic disease in endemic areas. It remains a common surgical condition in many rural parts of India carrying a significant morbidity and mortality. Hydatid disease is generally asymptomatic until complications occur. Most of the patients present with complications of hydatid disease requiring a major surgical procedure. Early diagnosis is required to reduce the morbidity and mortality. The treatment options for the disease vary from medical line of management to various surgical procedures which stand as challenge to surgeons and sometimes complicated by life threatening outcomes. Concept regarding the approach, management and prevention of the disease has been evolving to alleviate the burden of human pain.

Aims and objectives

To study age and sex distribution of the disease.

To study the anatomical distribution of the disease.

To study about the risk factors of the disease.

To study various modes of clinical presentation and complications.

To study the various treatment modalities.

This prospective study was conducted by selection of consecutive 30 cases with hydatid disease in different parts of the body from GOVT RAJAJI Hospital ,MADURAI during the period from sept 2012 to sept 2014. The data in the study was collected by the use of a pretested proforma to collect relevant information from individual patient after the inclusion and exclusion criteria being applied, by a meticulous clinical examination and using relevant investigation. Patients were followed up for a minimum of 6 months after the required and optimum treatment was delivered to them.

Results

In the study it was noted that the hydatid disease affected all the age groups mainly 51-60 and 31-40 years age group with female predominance (76.66%). Agriculturists (43.3%) and low socioeconomic status people were at higher risk and more affected. Liver was the most commonly involved organ mainly the right lobe, which predominantly presented with mass per abdomen. Lung, mesentery, omentum, peritoneum were other sites involved. Enucleation was the most effective procedure for treating liver hydatid combined with external drainage, omentoplasty and capitonnage. Other sites affected were mainly dealt by excision. No recurrence was seen in any cases with biliary fistula and infection being the most common complication.

Interpretation and conclusion

Majority of the patient's present with mass per abdomen and surgical treatment with Enucleation added with external drainage, omentoplasty and capitonnage or excision appear to be best option for treating hydatid disease under our setting.

KEYWORDS

ABDOMINAL HYDATIDOSIS

ECHINOCOCCUS GRANULOSIS

SCOLEX/PROTOSCOLEX

DEFINITIVE HOST

INTERMEDIATE HOST

ADVENTITIA

LAMINATED MEMBRANE

ALBENDAZOLE/MEBENDAZOLE

ANGIOGRAPHY

ENUCLEATION

CYSTOPERICYSTECTOMY

OMENTOPLASTY

CAPITONNAGE