Isolated Hydatid Cyst: A Misleading Diagnosis

Achraf Chatar *, Abdelaziz Amoch, Mohamed Amine Lakmichi, Zakaria Dahami and Ismail Sarf

Faculty of Medecine and Pharmacy of Marrakech, Urology, Cadi Ayyad University, Marrakech 40000, Morocco; docamochabdelaziz7@gmail.com (A.A.)
* Correspondence: chatarachraf@gmail.com or a.chatar@uca.ac.ma

Abstract: Cystic hydatid disease is an endemic disease caused by the larval form of Echinococcus granulosis. It is especially evident in the liver, lungs, and kidney. Testicular hydatidosis is extremely rare. A case of a hydatid cyst of the testis is reported that was misdiagnosed clinically as a testicular hydrocele. Echinococcosis should be considered in the differential diagnosis of testicular masses especially in endemic countries. Treatment is mainly surgical and, with proper diagnosis and treatment, the prognosis is good.

Keywords: testicular hydrocele; echinococcosis; diagnosis; prognosis

Hydatid disease is common in developing countries such as Morocco [1].

Regarding exceptional localization at the unique testicular level, there is not a single case that has been published in the literature (indexed journals). This work aims to report on an unusual location of echinococcosis in an elderly man’s testis, which was clinically diagnosed as a hydrocele.

About Our Case

An 84-year-old man in good physical condition presented to a urology consultation. The main complaint was swelling of the bilateral testicle evolving over a period of two years.

Physical examination showed a healthy man with a soft, non-painful mass in both testicles, initially suggestive of a bilateral hydrocele (Figure 1).

Figure 1. Testicular bilateral masses, suggestive of a bilateral hydrocele in clinical examination.

An abdominopelvic CT scan and a scrotal ultrasound showed a bilateral septate hydrocele, measuring 41 × 23 × 15 cm on the right and 8 × 7 × 4 cm on the left (Figure 2).
An abdominopelvic CT scan and a scrotal ultrasound showed a bilateral septate hydrocele, measuring 41 × 23 × 15 cm on the right and 8 × 7 × 4 cm on the left (Figure 2).

A preoperative assessment was carried out and showed an unremarkable chest X-ray. The complete blood count was normal, with the exception of the presence of eosinophilia (23 percent). No Casoni test was performed because no hydatid cyst was suspected.

During the surgical procedure, the patient developed tachycardia (145 HR/min), followed by a drop in systolic blood pressure to 62 mm Hg, associated with a marked increase in insufflation pressures, oxygen desaturation (82%), sibilant rales in both lung fields, and erythema over the upper chest and neck. The presentation was suggestive of anaphylactic shock with bronchospasm. The patient was immediately placed on 100% oxygen with manual ventilation, while adrenaline 0.2 mg and hydrocortisone 200 mg were administered intravenously, and rapid vascular filling with saline 0.9% 25 mL/kg was started. The patient’s progress was marked by an increase in blood pressure and stabilization. He was transferred to intensive care for further follow-up.
An anatomopathological study of the fluid and membranes was in favor of a hydatid cyst. Isolated testicular hydatid disease is extremely rare. The main problem is the correct pre- or intra-operative diagnosis.

Treatment is mainly surgical and, with proper diagnosis and treatment, the prognosis is good.

**Author Contributions:** Writing—original draft preparation, review and editing: A.C.; methodology: A.A.; validation, M.A.L., Z.D. and I.S.; supervision, I.S. All authors have read and agreed to the published version of the manuscript.

**Funding:** This research received no external funding.

**Informed Consent Statement:** Informed consent was obtained from the subject involved in the study.

**Conflicts of Interest:** The authors declare no conflict of interest.

**Reference**


**Disclaimer/Publisher’s Note:** The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.