To the editor:
We have read the article in which presented a case of hydatid disease of the retroperitoneum mimicking irreducible inguinal hernia with great interest [1].

The hydatid cyst can present in any part of the body and no site is immune. The omental and retroperitoneal hydatid cysts are very uncommon. Although authors reported a small cystic lesion in the case, these cysts can become huge in size [2]. These cases may remain asymptomatic until reaching a large size, [3] and the clinical signs vary according to the site. Lesions of the groin include hernia, hydrocele, spermatic cord cyst, undescended testes, lymphadenopathy, and abscess. Even though that case presented a hydatid disease mimicking irreducible hernia seen in an adult male patient, it can be seen in female and pediatric population. It was reported in the literature that a hydatid cyst located in a retroperitoneal location presenting with a sudden scrotal extension in a 7-year-old child and the finding presented a diagnostic dilemma vis-à-vis obstructed inguinal hernia. Also a 9-year-old boy with a spermatic cord cyst proven to be a hydatid cyst is reported [4-5]. Furthermore, some authors reported cases of primary and secondary hydatid cysts of the female genitalia that herniated to the inguinal canal [6].

We think an ultrasound imaging should be performed before surgery. Because ultrasound is the main imaging modality and complementary to clinical evaluation for the diagnosis of cysts and inguinal swellings, when a tumoral process is suspected, surgery is required to confirm the diagnosis and provide histology. The role of MR remains under evaluation [7].

In conclusion, especially in endemic regions, inguinal swelling caused by retroperitoneal echinococcosis may be misdiagnosed preoperatively as irreducible inguinal hernia. Hydatidosis affects almost every region of the body. Although adults are mostly affected, children also suffer from the disease especially in endemic areas [5].

References

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