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Letter to the Editor

Hydatid Cholecystitis: A Rare and Unexpected Diagnosis Mimicking Acute Cholecystitis

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To the editor,

Hydatidosis is a parasitic zoonosis caused by the larval form of Echinococcus granulosus, endemic in the Mediterranean basin, the Middle East, and South America. [1] While this pathology primarily affects the liver (50-70%) and lungs (20-30%), [2] vesicular localization is exceptionally rare, representing merely 0.1% of all hydatid localizations. [3] This rarity significantly complicates preoperative diagnosis, often leading to intraoperative discovery.

We report the case of a 39-year-old male patient with a history of hepatic hydatid cyst (type IV, segment VII) treated surgically in 2019 by resection of the protruding dome. The patient presented two and a half years later with right hypochondrial pain and fever. Clinical examination revealed an anicteric patient with right hypochondrium tenderness and fever.

Laboratory tests showed an inflammatory syndrome without cholestasis or cytolysis. Abdominal ultrasonography suggested acute cholecystitis with no biliary dilatation or hydatid recurrence. During subcostal surgery, we found a distended gallbladder with a thickened wall and intense pediculitis. Upon intraoperative exploration of the gallbladder, clear fluid and a hydatid membrane were discovered (Figure 1). We performed a cholecystectomy with transcystic drainage. Pathological examination confirmed acute ulcerated cholecystitis, while parasitological analysis identified a scolex. Post-operative cholangiography revealed no abnormalities, allowing drain clamping and patient discharge.

Several pathogenic hypotheses have been proposed for this unusual localization. According to Rigas et al., vesicular involvement could result either from direct hematogenous contamination or extension from an adjacent hepatic hydatid cyst. [4] The clinical presentation typically mimics classic acute cholecystitis, [5] making preoperative diagnosis challenging. Conventional imaging can be misleading, as in our case, where ultrasonography suggested lithiasis etiology. [6]

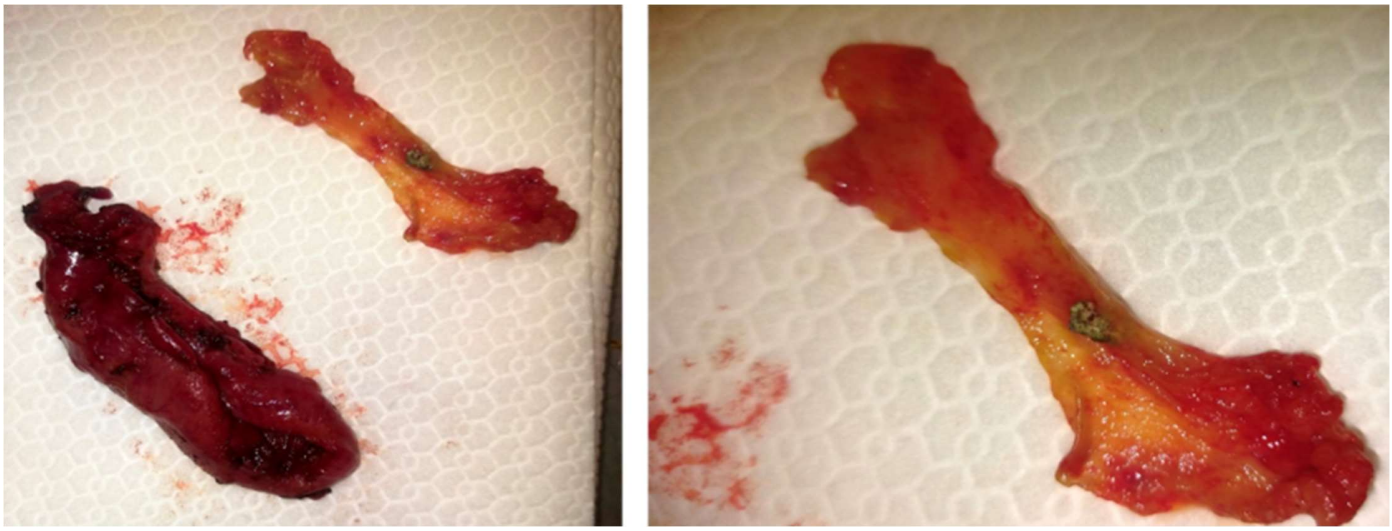

Figure 1: Intraoperative image showing hydatid membrane within the gallbladder

In endemic regions, particularly with patients having a history of hydatidosis, this rare etiology should be systematically considered. MRI can sometimes be more diagnostic, showing characteristic images of floating membranes or daughter vesicles. [7]

Treatment primarily involves total cholecystectomy. Yücesoy et al. recommend a cautious surgical approach to avoid intraoperative dissemination. [8,9] The use of intraoperative scolicidal agents remains controversial. Due to recurrence risks, prolonged post-operative follow-up is advisable.

This case follows the SCARE guidelines [10] and has received patient consent for publication. The hydatid cyst of the gallbladder represents an exceptional localization of hydatidosis, whose preoperative diagnosis remains difficult despite advances in imaging. Our observation underlines the importance of considering this rare etiology in endemic areas, particularly in patients with a history of hydatidosis.

PATIENT CONSENT

A written informed consent was obtained from the patient for publication of this case report.

AUTHORS' CONTRIBUTION

All authors contributed to the completion of this work. The final manuscript was read and approved by all authors.

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CONFLICT OF INTEREST

None.

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