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Case Report

Alveolar Echinococcosis of the Adrenal, Accidental Discovery

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INTRODUCTION

The alveolar echinococcosis is a parasitic caused by the development of the larva of echinococcosis multilocularis, it is rare, its annual incidence is between 0.02 and 0.18 for 100 000 inhabitants. In spite of the improvement of the techniques of medical radiology, the diagnosis of alveolar echinococcosis remains often problematic and interventions explorers are frequently indicated by fear of passing in quoted by a malignant tumor. The life cycle of the parasitosis requires two hosts, the fox is the major definitive host and the man is an intermediate host. The mechanism of contamination is poorly understood. The dissemination is arterial; an embryo having exceeded the liver and lung filters seems the most probable theory. We report a case of alveolar echinococcosis confirmed histologically discovered in bilanof extension at a woman presented a cancer of the endometrium and discuss the differential diagnosis

OBSERVATION

75-year-old woman, followed in gynecology for a cancer of the endometrium to which the realized abdominal ultrasound found a mass in the right adrenal heterogeneous of 6 cms on 4 cms of size. The biological examinations were normal (17 ketostéroïd, 17 hydroxycortisone, metanephrine and acid vanillyl-mandelic). The abdominal CT objectified an adrenal mass heterogeneous right of 6 cms on 4 cms (Figure 1). This mass adrenal is not functional who raised a problem of natural diagnosis in front of the absence of specific signs and the clinical context; it was about a primary or secondary malignant lesion

A coelioscopy explorer was practised with an extemporaneous examination which showed a fibrous fabric reshaped by the necrosis and the beaches microphone - abscess which did not end in a diagnosis of certainty. A right adrenalectomy was practised. The mass weighed 150 grams and was 12 cms on 8 cms on 4 cms, presented to the cutting a sclerotic aspect reshaped by variable-sized cystic homes. Histologically the adrenal gland was completely erased by alveolar architecture, of many cavities of variable sizes which contained fragments of cuticle with presence in their lights of proto scolex (Figure 2). The evolution after operating were simple and the patient went out one week later.

DISCUSSION

The alveolar echinococcosis is an aggressive parasitic infection miming a malignant tumor at the same time radiologically and in a macroscopic, it is observed only in the north hemisphere the main regions of endemic disease of which are the Central Europe (Germany, Switzerland, Austria, and Central France), Russia, Turkey, Japan, Alaska, the Northern Canada and China [1,2,5]. In France, this parasitosis is essentially observed in Franche-Comté, in Loraine, in Savoie and in Auvergne.

The circumstances of discovery are variable and depend on the evolutionary stage of the disease, alveolar hydatid disease can manifest as pain of atypical and unspecific hypochondria, back pain or palpable mass, sometimes it is revealed by high blood pressure and even clinical signs of pheochromocytoma that would be associated with the compression of the medulla by the cyst [3,4].

In the asymptomatic forms of alveolar echinococcosis, the biological examinations are usually normal (our case), this counterpart, when the hurts of alveolar echinococcoses have an extension that we shall have a slight eosinophilia, an accelerated sedimentation speed and a high protein Creative. In practice, the serologicals tests proposed for the diagnosis of alveolar echinococcosis are at first time, the test of Elisa (antigen Em2) sensitive and inexpensive, if it is positive, he must be followed by another test that of Western-Bloot to confirm the diagnosis. The radiology is very important in the diagnosis of alveolar hydatid.

The radiology abdominal without preparation may show linear calcifications in the adrenal lodge, however, the abdominal ultrasound can diagnose before the presence of pathognomonic signs: daughter vesicles, necrosis, macro and micro calcifications more or less confluent and fibrosis [6,7].

The abdominal CT then helps to clarify the seat and relations with neighboring organs, the most frequently found appearance is that of a cystic mass with a thin wall with sometimes a detached aspect of membranous or the presence of daughter vesicles. The actuate peripheral calcifications are not pathognomonic [8].

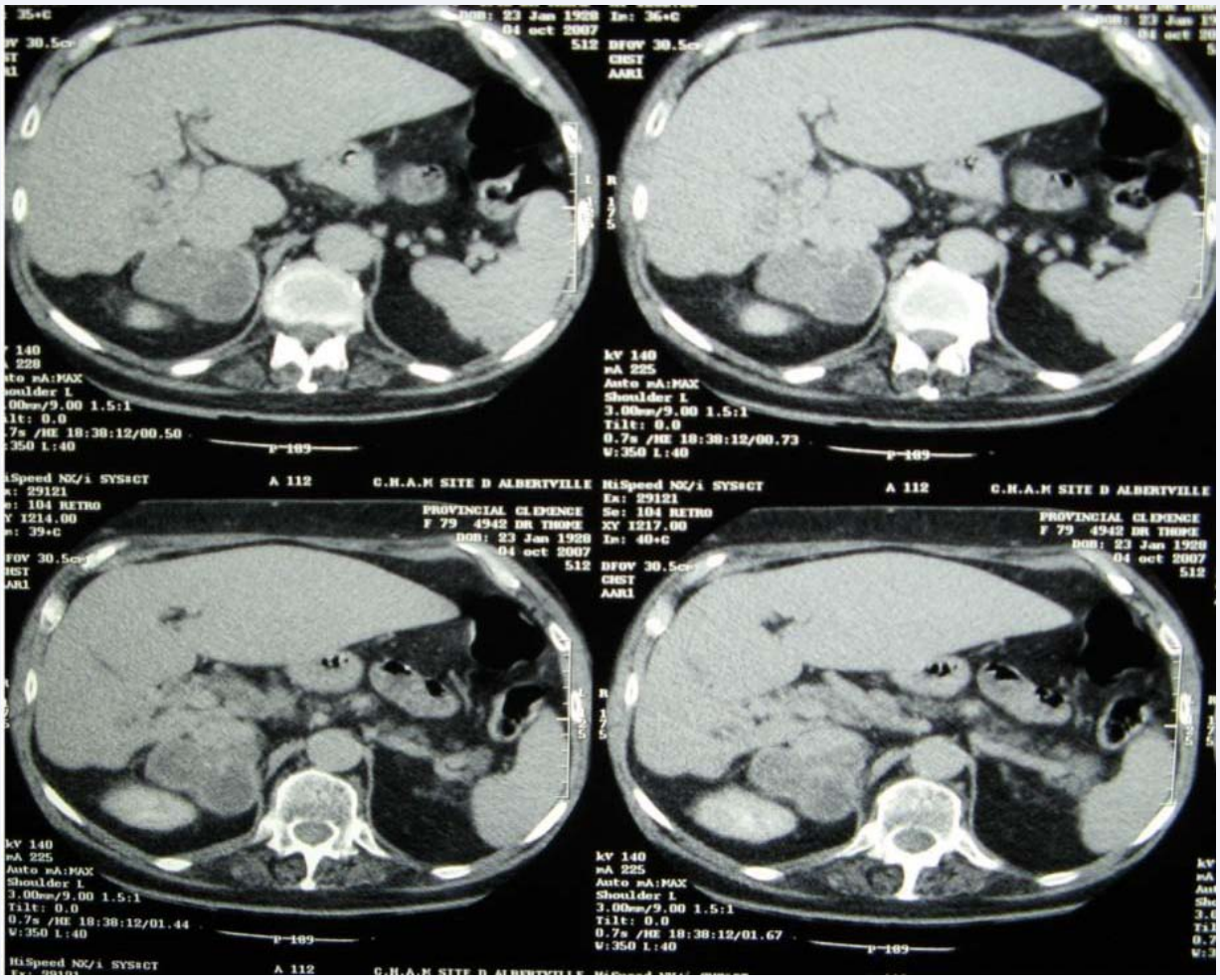

Figure 1 Abdominal CT without contrast injection: a mass adrenal right containing hypo dense central beaches.

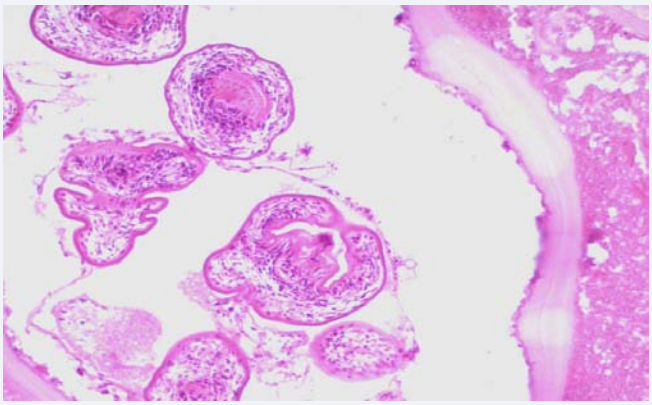

Figure 2 Microscopic appearance of the alveolar hydatid. Presence scolex of the center of the cavity with a right lamellar thick cuticle and fibrosis (Acid Schiff staining Periodic).

The differential diagnosis is with other cystic masses adrenal cystic lymphogioma and cavernous hemangioma. The main complication is the break of the cyst causing death by anaphylactic shock. There is no effecacious medical treatment, so surgery is the first choice treatment [9], whether open or laparoscopic cloudless forget to take precautions to avoid spreading scolex. Medical treatment with albendazole was maintained for 2 years after surgery according to the WHO recommendations [9].

CONCLUSION

Alveolar hydatid disease of the adrenal is an exceptional pathology it will raise with any cystic tumor of the adrenal,

especially in endemic countries. However, the definitive diagnosis remains the prerogative of the pathological examination, especially as prevention is difficult given the parasitosis cycle takes place in nature.

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