Hydatid Cyst in Cerebellum: A Rare Case Report

Amit Kumar Ghosh¹

¹Department of Neurosurgery, Global Hospital, Chennai, Tamil Nadu, India

Address for correspondence Amit Kumar Ghosh, DNB, Embassy Residency, Perumbakkam, Saraswati-Rajasekhar Salai, Chennai, Tamil Nadu 600100, India (e-mail: amitghosh74@yahoo.co.in).

Indian J Neurosurg 2016;5:140–141.

Introduction

The hydatid cyst is the larval form of the tapeworm Echinococcus granulosus.¹,² Humans are the intermediate hosts in the parasite’s lifecycle.¹ Hydatid disease is transferred to human by ingestion of food contaminated by the scolex, or eggs, or by direct contact with dog.¹ The hydatid cyst reaches the brain after passing through the liver and the lungs.¹ The majority of such cysts remain in the liver and lungs; only 1 to 2% of the cysts reach the brain.¹,²

A 60-year-old man presented with walking difficulty due to truncal ataxia. Computed tomography (CT) and magnetic resonance imaging (MRI) scan of the brain (~Fig. 1) was done and it showed a cystic midline cerebellar lesion. Hydatid cyst was suspected. Midline suboccipital craniectomy (~Fig. 2) and complete excision of that cyst were done using the Dowling technique.³,⁴ Histopathology showed (~Fig. 3) the features of hydatid cyst.³ One-month postoperative course of albendazole (10 mg/kg) was given.¹,³ Patient recovered well over next 3 months.

Discussion

Cerebral hydatid cyst is very rare comprising just 1 to 2% of all cases of hydatid disease.² In India, the hydatid disease is more commonly seen in Andhra Pradesh, Tamil Nadu, and Punjab. In India, incidence of intracranial hydatids cyst is 0.2%.² Intracranial hydatid cysts are more frequently located in the supratentorial compartment. Parietal lobe is the most common site.² The other less common sites reported include the skull, cavernous sinus, eyeball, pons, extradural region, cerebellum, and ventricles.² Cerebellar hydatid cyst is rarer. Only two cases were reported.¹,⁵ Our case is probably the third case.
Fig. 2  Postoperative CT scan of the brain showing complete excision of cyst.

Fig. 3  H&E stain showing prominent investing cuticle and brood capsules.

Source(s) of Support
None.

Conflict of Interest
None.

References