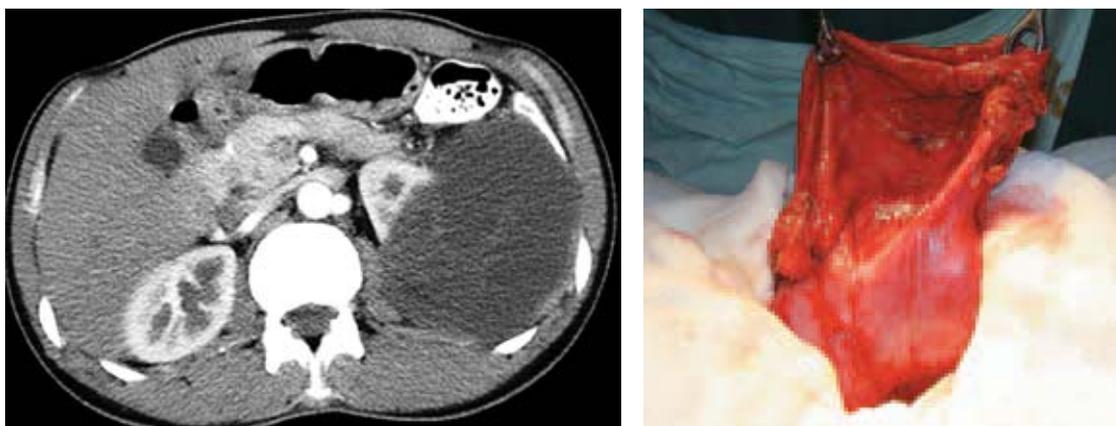


Isolated Renal Hydatid Cyst Managed With Partial Nephrectomy

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A 35-year-old woman presented with left upper quadrant abdominal pain for one year. There were no gastrointestinal symptoms. Ultrasonography showed a cystic lesion in the left renal area. A computed tomography scan revealed a 10.5 cm × 9 cm × 8.5 cm heterogeneous cystic mass, occupying the superior pole of the left kidney. There were areas of calcification in the lower portion of the cyst. The cystic mass was abutting the tail of the pancreas, and was wedged between the splenic hilum, the upper pole of the left kidney, and the tail of the pancreas. There were no other similar intra-abdominal lesions.

Her investigations were unremarkable, except enzyme-linked immunosorbent assay that was positive for *Echinococcus granulosus*. She was started on albendazole, 1 week pre-operatively.

After decompressing the cyst, Betadine 10% was instilled, which was then re-aspirated. Thereafter, the patient underwent a partial nephrectomy. Her postoperative recovery was uneventful. She was advised to continue albendazole for 4 weeks after the surgery.

Isolated renal hydatid cysts are rare, with treatment being primarily surgical.⁽¹⁾ Various modalities can be chosen, based on the size of the cyst, location, and physician's expertise. There have been a few reports of laparoscopic nephrectomy⁽²⁾ and retroperitoneal excision of the cyst.⁽³⁾ However, in our patient, the sheer size and proximity to the collecting system precluded safe laparoscopic excision, without spillage.

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