#### Surgical Forum

#### Case presentation

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### History taken from the parents of the patient

**Eight years old male student** 

#### **Chief complaint:**

abdominal pain for one day duration



#### History of present illness:

Eight years old child presented at night to the emergency unit of pediatric surgery center with sever intermittent, generalized abdominal pain, which radiate to both shoulders, aggravated by simple movement and not relieved during his complain



associated with loss of appetite. There was no abdominal distension and no change in bowel motion.

- Patient vomited twice, bilious vomitus that did not contain blood.
- Also fever was developed which was relieved by antipyretic .



• He was admitted to hospital, resuscitation was done to him with IVF, nothing by mouth , cefetriaxone, flagyl, and antipyretic with monitoring his pulse, blood pressure, temperature and urine output.

#### Review of other systems:

 NO significant symptom was mentioned.



- Past medical: not remarkable
- Past drug history: no allergy and no chronic use of drug.
- Past surgical: cicumcission only.
- Family history: not remarkable.



#### **Social history:**

The parents told us that their child was always playing with his cat and sometime he drinks its water.



Examination

General examination: Patient looked toxic at time of admission, feverish, tachycardia .mildly tachypnea, not dyspnic, not jaundiced,

no rash.



#### Vital signs:

- Pulse 110 beats/minute
- Blood pressure 100/70 mm Hg
- Respiratory rate: 38 / minute
- Temperature : 38 c

Abdominal examination :

#### **Inspection:**

mildly distended abdomen flat umbilicus, moved with his respiration, no dilated veins, no previous scar.



#### <u>Palpation:</u>

Superficial palpation: tenderness all over his abdomen mostly at right upper hypochondrium region, no palpable mass.

**Deep palpation:** just palpable liver with sever tenderness

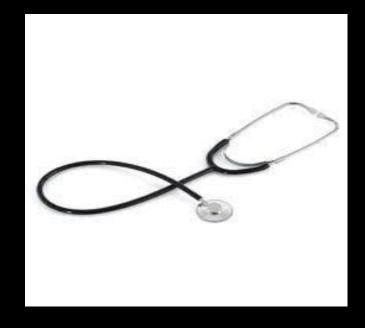
**Percussion**: the patient can't tolerate percussion because of severe tenderness.

<u>Auscultation:</u> + ve bowel sound.

<u>Digital rectal examination:</u> normal.

**Chest examination:** normal.

Heart: normal s1 & s2 heart sounds, no added sound, no murmur.



#### Investigation :

#### **General urine examination:**

yellow, clear & acidic in reaction contain 0-2 pus cells & 0-1 RBC.

No cast & has Ca oxalate crystal.

**Blood test:** 

Hb: 126, Pcv: 0.39,

Total W.B.C.: 13X109





#### **Ultrasound:**

Enlarged liver with single echo free cyst seen at right lobe superior part about 11 cm contain floating debris (active hydatid cyst) otherwise intact left lobe. Normal gall bladder, common bile duct & biliary passages.

Normal spleen, pancreas size, echogenicity & texture.

Normal size, cortical thickness both kidneys with no stone, no hydronephrosis Seen normal urinary bladder, no vesical stone.

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#### **Chest X-ray:**

normal chest, mild elevation of right dome of diaphragm.



#### Pre operative :

Patient admitted to pediatric emergency center at Al-Khansa hospital at night.

He was investigated by blood test, general urine examination, ultrasound.



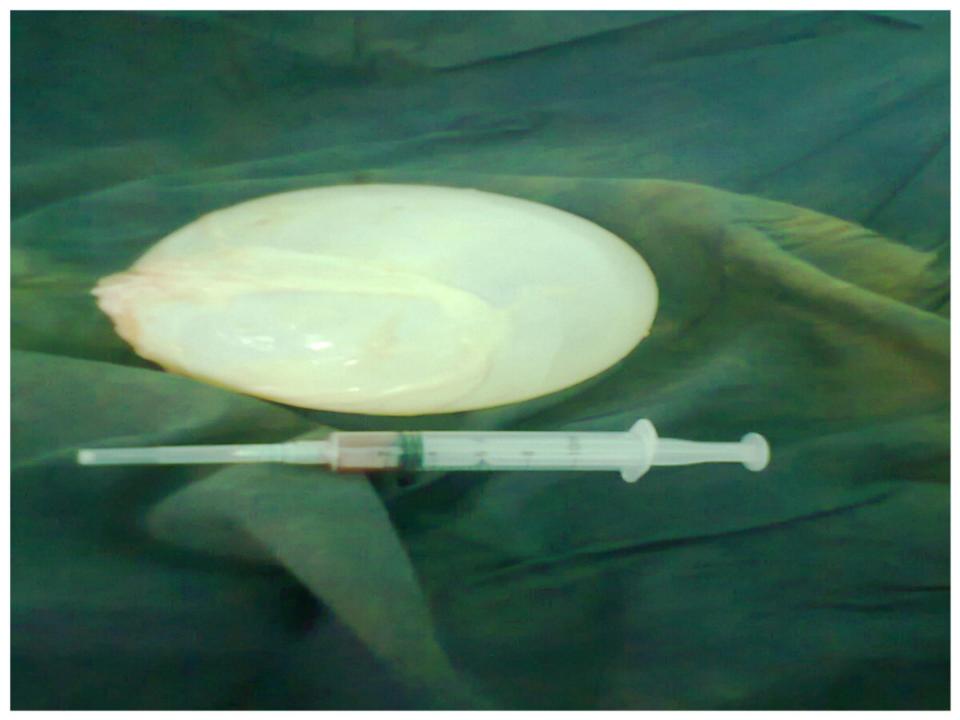
#### **Operative history:**

In operation theater, laparotomy was done through right paramedian incision, abdomen opened in layers, one big intact hydatid cyst appear on the surface of ruptured liver.

Evacuation of the intact cyst was done with marcipulization, tube drain put in the cavity of the cyst & abdomen then closed in layers.







#### Post operative:

operation passed smoothly without complication, patient regain his consciousness after one hour, no vomiting, no dysponea, no fever.

He was well & discharged home in third day after operation .

Drain was removed after one week.

#### The aim from this case:

Unusual presentation of hydatid cyst where there was <u>rupture of the liver & intact</u> <u>cyst</u>. Usually liver hydatid cyst is discovered accidently or presents as discomfort in the right upper hypochondrium .



## Thank you