Hydatid Cyst in Cerebellum: A Rare Case Report

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Abstract

Hydatid cyst in the cerebellum is extremely rare. This is a case report of cerebellar hydatid cyst in a 60-year-old man presented with truncal ataxia. CT and MRI scan of the brain was done and hydatid cyst was suspected. Complete microsurgical excision was done using the Dowling technique. The patient recovered well. He was given albendazole for 1 month. Histopathology confirmed the diagnosis of hydatid cyst. Literature was reviewed and the disease was analyzed.

Introduction

The hydatid cyst is the larval form of the tapeworm *Echinococcus granulosus*. Humans are the intermediate hosts in the parasite’s lifecycle. Hydatid disease is transferred to human by ingestion of food contaminated by the scolex, or eggs, or by direct contact with dog. The hydatid cyst reaches the brain after passing through the liver and the lungs. The majority of such cysts remain in the liver and lungs; only 1 to 2% of the cysts reach the brain. 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. Histopathology showed (Fig. 3) the features of hydatid cyst. One-month postoperative course of albendazole (10 mg/kg) was given. 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. In India, the hydatid disease is more commonly seen in Andhra Pradesh, Tamil Nadu, and Punjab. In India, incidence of intracranial hydatid cysts is 0.2%. Intracranial hydatid cysts are more frequently located in the supratentorial compartment. Parietal lobe is the most common site. The other less common sites reported include the skull, cavernous sinus, eyeball, pons, extradural region, cerebellum, and ventricles. Cerebellar hydatid cyst is rarer. Only two cases were reported. Our case is probably the third case.

Fig. 1 Preoperative contrast MRI showing the suspected hydatid cyst.
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.

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Conflict of Interest
None.

References