

## Primary hydatid of psoas muscle

Sir,

A 23-year-old female presented with painless right lower abdominal swelling of two-month duration. There was no history of any trauma, fever or any cattle contacts. General physical examination was unremarkable. Abdominal examination on deep palpation revealed a swelling which was firm, nontender, globular, noncompressible with negative cough impulse in right lower abdomen.

Ultrasonography abdomen revealed a cystic unilocular swelling arising from right psoas muscle. Abdomino-pelvic computed tomography scan showed a cystic swelling measuring  $19.4 \times 11 \times 11.6 \text{ cm}^3$  arising from right psoas muscle and was suggestive of hydatid cyst [Figure 1]. There was no other evidence of hydatid disease on computed tomography of abdomen and chest. Hydatid serology was negative. By extraperitoneal approach via right iliac fossa region, total cystectomy was done. Post operative period was uneventful. Patient was discharged with four weeks on albendazole therapy with no recurrence seen in follow-up.

Isolated retroperitoneal location of hydatid cyst has been reported to be very exceptional, even in endemic areas.<sup>[1]</sup> Location in the muscular tissue accounts for 2–3% of all cases in body.<sup>[2]</sup> Psoas muscle is an unusual location for hydatid cyst accounting for only 1 to 3% of cases and can be unilateral or bilateral. Hydatid of psoas muscle can be isolated or associated with hydatid disease elsewhere in body. Hydatid disease in



**Figure 1:** Contrast enhanced CT scan showing unilocular swelling arising from psoas muscle cystic mass in dimensions measuring  $19.4 \times 11 \times 11.6 \text{ cm}^3$  suggestive of hydatid cyst

the muscles progresses slowly and is rarely life-threatening. Because of location, hydatid of psoas muscle usually remains asymptomatic and is found incidentally or an enlarging cyst can compress adjacent structures; kidney leading to its nonfunctioning, ureter, or the vertebrae. Hydatid serology in confirming diagnosis is often seen negative.

A high suspicion of clinical index is prime in suspecting hydatid psoas in endemic areas. Ultrasonography, computed tomography and the magnetic resonance imaging delineating soft tissue extent are sufficient for diagnosis. Psoas abscess, retroperitoneal cystic tumours and tuberculosis are common differential diagnosis. Intramuscular infestation may mimic a soft tissue tumor leading to inappropriate cyst rupture with the attendant risks of anaphylaxis and dissemination to other organs, so a preoperative correct diagnosis is important.

Preoperatively percutaneous aspiration drainage and the medical therapy are done to reduce size of the cyst. In order to prevent intraperitoneal dissemination of cyst extraperitoneal approach is preferred. Treatment involves partial cystectomy or the total cystectomy depending on the muscular extent of disease.

Hydatid of psoas muscle is uncommon to see. It can present as abdominal swelling. Surgery is preferred modality of treatment.

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DOI: 10.4103/0974-7796.65112

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## Prostatic abscess

Sir,

We read the interesting article “Minimally-invasive management of prostatic abscess: The role of transrectal ultrasound”<sup>[1]</sup>.

Authors have emphasized that TRUS (transrectal ultrasound) guided needle aspiration is an effective method for treating prostatic abscess. We strongly believe this point. However, we have few queries in mind. First, we would like to know what machine and which frequency probe was used for the transrectal ultrasound? Secondly, was tuberculosis looked for in the pus obtained from TRUS aspiration? The tuberculous lesions are typically located in the peripheral part of the posterior and lateral lobes of the prostate<sup>[2]</sup>. TRUS allows excellent visualization of the prostatic anatomy and the relationship of the abscess to the prostatic lobes<sup>[3]</sup>. Thirdly, was HIV (Human Immunodeficiency Virus) ruled out in those patients? Prostatic abscess is common in HIV-infected patients. Lastly, do the authors have any experience of putting antibiotic solution in the abscess cavity? We instill 2 ml of Gentamicin solution after aspiration of abscess cavity as a protocol.

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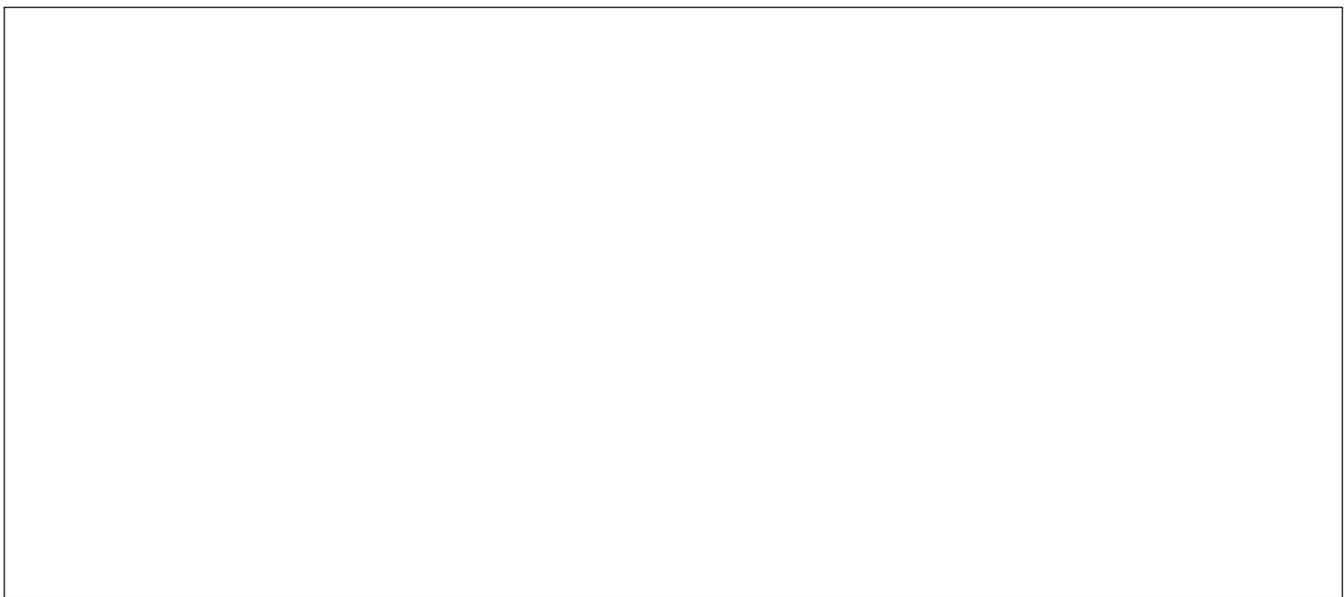
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**DOI:** 10.4103/0974-7796.65113

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