HYDATID CYST OF THE LIVER— A CASE STUDY

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HYDATID cyst is a rare condition in India. It is due to infection by a parasite Echinococcus—Granulosus. Although the parasite can thrive in any part of the body, in 80% of cases it does so in the liver and usually the right lobe of the liver is affected. Dogs are the chief mediators of hydatid disease to human beings by direct contact. The treatment of the condition is surgical extirpation of the cyst.

Mrs. A., a sixty year old lady, was admitted to the surgical unit of the Marian Medical Centre, Palai on October 30,1978. She was complaining of severe pain in the right hypochondrium and epigastrium which started two months back. She also had loss of appetite, loss of weight, lethargy and general malaise. She appeared very anxious and weak. She was running a low grade fever of 99.4°F.

Previous Health Assessment

Mrs. A. was active lady till two months ago, when she started having pain and other symptoms. Prior to Mrs. A's admission to this hospital she underwent treatment in two other hospitals and was diagnosed as having cancer liver which frightened her. She was directed to a major hospital for further investigations.

Family History

She hails from the high ranges in the east of Kerala. Mrs. A has been a widow for last 6 years. She has seven children and all are grown up. She looked after the grand children and the home very well, until she was taken ill. She was fond of animals, especialy dogs, which she used to breed. She had two big dogs in her home.

Physical Examination

On admission, Mrs. A was examined by our Surgeon Dr. Fazil. On examination she had a palpable and tender liver with a globular mass in the epigastrium arising from the liver which was firm and tender. Plain X—ray abdomen showed enlargement of liver shadow downwards. The Barium meal series did not reveal any specific findings. The stomach and duodenum were normal.

Other Investigations

Blood : Total Leucocyte Count —7400/Cumm
Differential Count—Polymerphonuclear 68%
—Lymphocytes 29%
—Esinophils 3%
E.S.R. —89mm/hr.
Haemoglobin —10gms %
Alkaline phosphates—6K. A units
Serum Amylase—60 units.

Liver Function Test

Total Protein	—6.7 gm%
Albumin	—3 gms%
Globulin	—3.7 gms%
A/G ratio	—0.9
Serum Bilirubin	—0.6 mg%

Blood Group B, Rh. Positive
Urine —Sugar—Nil
—Albumin—Nil
—deposit—epithelal cells.

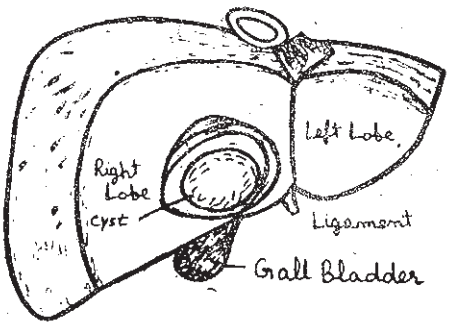
Since the mass was firm and no fluctuation could be elicited, a 'Liver Biopsy' was attempted on November 11, '78 to exclude the possibility of a cancer of the liver. On plunging the biopsy needle a crystal clear fluid under tension flowed out and immediately the needle was withdrawn as the diagnosis was certain. It was "Hydatid cyst" in the Right lobe of the liver. The fluid aspirated was examined and found to contain no albumin. Hooklets or scolices could not be found.

Radiological examination could not help much in the diagnosis as the cyst wall did not show any calcification. Manoeuvre of liver biopsy was attempted to exclude carcinoma of the liver.

Following this, Mrs. A became nauseated and hypotensive which was treated with Inj. Betnesol, I.V. fluids and peripheral vasoconstrictors. She did not have any urticaria and there were no signs of diffuse peritonitis. Possibly she had shock due to the aspiration. She remained pyrexial afterwards and had a course of I.V. ampicillin 500 mg. 6 hrly, B complex syrup and Plastules capsules for four days. She was given a blood transfusion on November 2 '78. A laporotomy was fixed for Mrs. A on November 7, '78.

Surgery

Mrs. A was prepared mentally for the operation and her relatives were informed. The blood was made available.



On the morning of the operation Mrs. A was given a soap and water enema. A Ryles tube was pressed and stomach wash given and the tube was left in site. She was prepared for surgery. The temperature, Blood pressure, and pulse rate were recorded. The operation commenced at 9.30 A.M. under closed circuit general anesthesia with oxygen, ether and nitrous oxide after endotracheal intubation.

Laporotomy was done through a right paramedial incision. The Hydatid cyst was found to be in the right lobe of the liver. The left lobe was pushed very much to the left by the cyst. The cyst was about the size of a large orange.

The area of the liver containing the cyst was well isolated from the general peritoneal cavity with neatly arranged abdominal packs all round and finally a dark pack wrung in 2% formalin was tucked around the exposed liver. The cyst was then aspirated with a small bore needle attached to a 3 way syringe to avoid spilling. The cyst was then filled three fourth with 10% formalin. The liver tissue overlying the cyst was then incised and the laminated membrane of the cyst was exposed and with careful finger dissection the cyst was enucleated intact and delivered out without spilling its contents. The resulting cavity of the liver was closed with a rubber drain which was brought out through the abdominal wound. The abdomen was then closed in layers after careful peritoneal toilet.

Blood transfusion was started and Mrs. A gradually regained consiousness and was transferred to the recovery room. The patient behaved very well during surgery under anaesthesia. Her B. P. was maintained at 110/70 mm, pulse 110/mt and respiration 28/mt. These were recorded regularly, during and after surgery.

Post Operative Care

500 ml of cross matched blood was transfused slowly. She was given Inj. Chloromycetin 500 mg. I.V. every 6 hrly, and Inj. Vit. K 1 amp. b. d. for five days. Electrolyte and fluid balance was maintained with infusions. The drain was taken out on the third day. Mrs. A was slightly pyrexial for the first three post operative days. She started having oral fluids on the 2nd day of operation and light diet was given from the 4th day. She had an uneventful post operative period and her abdominal stitches were off on the tenth day and she was discharged cured on the fourteenth day after the operation.

HEALTH KNOWLEDGE ASSESSMENT—A NEW APPROACH IN COMMUNITY HEALTH

The following is an excerpt from a letter written to Miss Ruth Harnar, V.H.A.I, C-14, Community Centre, S.D.A., New Delhi-110016, by a group of Community Health Nursing students from the Graduate School for Nurses, Indore. This School is the first of its kind in India, to start community healh needs oriented nursing programme. In this letter the students have shared their first experience in Community Health Knowledge Assessment Pogramme.

"We are happy to know that you want to know about our community health nursing experience. Before making the class-room plan we conducted a "Windshield" survey (driving in the streets in a car) just to get an idea of what the area looked like. In the second trip we planned to talk to the people. We were worried as to how we will make a start. All the way to the village (community) we were worried whether the people would accept us or not.

After getting out of the tempo we stood there for a few minutes, calculating as to how to proceed in talking to the people, knowing that the people of that community in the past had been quite troublesome. As we stood there, one Muslim lady stepped out of her house and she smilingly enquired about our visit and from where we had come from? The lady gave us very warm welcome and we felt like talking to her. To our surprise things were in our favour.

When the lady first looked at our green Public Health Nurses' sarees she thought that we were family planning workers. Later, when we told her the purpose of our visit and that we were students and had come to learn from them as to what they thought about health she was happy. As she talked to us, other people got collected and they seemed to accept us. From this novel experience we learnt that if we are humble as students, we can learn from all. We go to the people with love and ask them what they respect and wish to learn. At the same time we make use of Health Knowledge Assessment (HKA) so that they may understand what else is necessary for them to be healthy.

We visited altogether twenty houses and identified the following problems which the people recognized themselves.

1. Water 2. Sanitation 3. *Kaccha* Road 4. No one listens to their problems 5. Diseases like (a) Eye dis eases (b) Typhoid (c) Malnutrition (d) Bone defects; (6) Untrained Dais (7) No health care (8) Fear of Family Planning.

The people also expressed that it was the first time in the last twenty six years that some people had come to enquire about their health. They also wished that people like us should make more frequent and regular visits to their village. We have not done anything as yet but have just started Health Knowledge Assessment.

NOTE: For sharing with us our later experiences in Community Health Nursing, please write to us on the following address. We will be happy to share.

Address: Graduate School for Nurses, M.I.B.E, Post Box No. 170, Sanyogitaganj", Indore 452 001.