CEREBELLAR CYSTIC MASS CAUSING OBSTRUCTIVE HYDROCEPHALOUS

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A 60 year old gentleman from rural background presented with history of worsening bifrontal headache, intractable vomitings and ataxic gait for last one month. All general and systemic examination was normal except neurological examination which revealed cerebellar signs on right side and bilateral papilloedema. The computerized tomography of brain revealed a large well defined, non-enhancing multilocular cyst with internal septations and without any perilesional oedema in right cerebellar region causing compression of fourth ventricle. The patients was referred to neurosurgeon with a probable diagnosis of hydatid cyst for excision of the cyst. During surgery the cyst got ruptured and found to be filled with xanthochromic fluid and was lined by white membrain.

Hydatosis infestation (caused by larvae of *Echinococcus granulosis)* is a zoonotic disease, humans getting infected accidentally as intermediate host. The disease is transmitted usually by food-borne contamination by eggs passed in faeces of definitive host, mainly dogs. The cysts preferentially affect liver (in 50% cases) but may involve lungs, bone and brain. The intracranial hydatid cysts are rare and constitute only1-2% of all cases with hydatid disease. The hydatid cysts are rare in adults particularly in the elderly population and they are more common in paediatric age group. The location of cyst was also unusual in this case as the intracranial cysts are more frequently located in hemispheric parenchyma, perfusion territory of middle cerebral artery specially parietal lobe and also subarachnoid spaces.Hydatid cysts are usually unilocular while in this case it was multilocular. Laboratory diagnosis by ELISA, immunoblot and indirect immunoflourescence assist in diagnosis but negative serology does not rule out the disease. MR imagining is more sensitive in demonstrating daughter cyst, CT is more sensitive in depicting cyst calcification. The treatment of intracranial hydatid cyst is surgical and principal is to excise the cyst into without rupture, to prevent recurrence and anaphylactic reaction.

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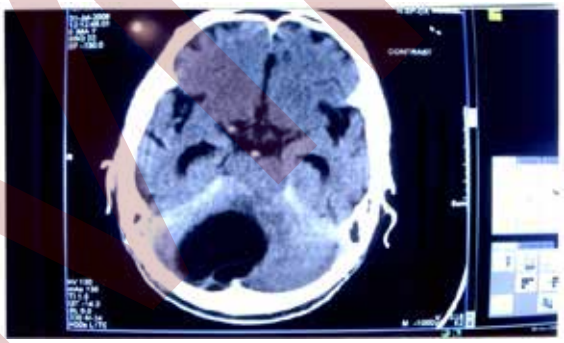

Fig.1 CT scan of brain showing large hydatid cyst in right cerebellar region

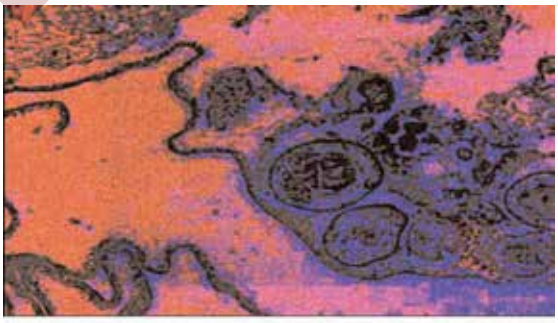

Fig.2 Histopathology slide showing brood capsules of E.granulosus

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