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"We have not lost faith, but we have transferred it from God to the medical profession".
- George Bernard Shaw

Inside ....

- Academics and Achievements
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- Mediquiz

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Academics and Achievements

Following are the academic activities / achievements of our college faculty from various departments.

Department of Anatomy

1) The Department of Anatomy jointly with Elsevier publishing company organised written MCQ Quiz Competition for 1st year MBBS students in anatomy under the guidance of Dr. Raghavendra V. P. Totally 93 students actively participated, out of which top 6 students nominated for complements from Elsevier company and top 3 students were selected for zonal (state inter college) rounds.

2) Dr. Ravikumar has been elected as Joint-Secretary of Karnataka Chapter of Anatomists for the year 2012-2015, in the elections conducted on April 18th at Vydehi Institute of Medical Sciences, Bengaluru.

Department of Pharmacology


2) Dr. Kiran L. J., Dr. Jyothi C. H. Dr. Narendranath S., Dr. Gokul C. G., Dr. Shivashankaramurthy K. G., Dr. Srinivas L. D., Dr. Santhosh Ramakrishna, Dr. Ramachandra K. Prescribing patterns in clinically suspected chikungunya: A retrospective study. Journal of Pharmacy Research 2012, 5(3), 1704-1705.

3) Dr. Ragh Prasada M. S., Dr. Narendranath S., Dr. H. S. Somashekar, Dr. Prashanth P. Evaluation of anticonvulsant activity of magnesium oxide alone and with phenytoin against experimentally induced convulsions in albino rats. International Journal of Pharma and Bio-sciences 2012; 3(2): 314-326

4) Dr. Reshma S. R., Dr. Narendranath S., Dr. H. S. Somashekar, Dr. Keerthi Sagar J., Dr. Susheela Somappa Halemani, Dr. Naveen Kumar M. Prescribing pattern of antihypertensives in geriatric individuals - A comparative study. International Journal of Pharma and Bio-sciences 2012; 3 (2): 320-326


Department of Medicine

1) Dr. Manjunath Alur Prof. of Medicine took charge as Head of the department of Medicine from April 2012.

2) Department of Medicine celebrated the 81st birthday of Dr. H. Gurupadappa, Director for Post graduate studies.

3) A special Interaction Programme by Dr. P. Satish Chandra, Vice Chancellor / Director, NIMHANS, Bengaluru, with postgraduate students in Medicine was conducted on 19-03-2012.

4) Dr. Vinayswamy P. M., Prof. in Medicine, presented a poster at RSSDI (Research Society for Study of Diabetes in India) Mumbai on "Chewing of food thoroughly, decrease post prandial blood glucose levels significantly".

Department of Surgery

1) Dr. Prakash M. G., professor of surgery, presented video presentation on "Endoscopic drainage of Pseudopancreatic cyst-a feasible technique in selected cases" at the XXX Annual Conference of ASI-KSA State Level Conference held in Feb 2012 at Hubli.

Department of Pathology

1) Dr. Chatura K. R., Professor delivered guest lectures on:
   a) "Bone tumors : radiopathological correlation" at Rangaraya Medical College, Kakinada on 15-05-2012.
   b) "Prasites in Pathology" at Andhra Medical College, Vishakapatnam on 16-05-2012.

2) Dr. Jagadeshwari K. Blood bank officer, delivered guest lectures on:
   a) "Benefits of blood donation" at Vishwa Hindu Parishat Seva Samithi, Davangere on 15-04-2012.
1) Dr. Shrikanth Chandrakar, Postgraduate in Biochemistry department bagged 1st prize in PG Quiz held in National Symposium on "Advances in Biotechnology, Biochemical Engineering & Career opportunities in Biotechnology" on 11th & 12th May 2012 at BIET, Davangere.

2) Dr. Amit D. Sonagra, PG in Biochemistry got 2nd prize in Biotoon Sketches in National Symposium on "Advances in Biotechnology, Biochemical Engineering & Career opportunities in Biotechnology" on 11th & 12th May 2012 at BIET, Davangere.

3) Dr. Srinidhi M. S., Final year post graduate student in General Medicine awarded for presenting best paper in Neurology on "A cross sectional study of glycosylated hemoglobin in ischemic stroke and transient ischemic attacks" in guidance of Dr. B. G. Karibasappa, Dr. Veeranna Mohan Gadad, in KAPICON-2012 30th Annual Conference of API-KARNATAKA CHAPTER on 11th to 13th May 2012, Hassan.

4) Postgraduates Dr. Kashitaa S. Wajekar and Dr. Bhargavi Mohan, post graduates in Pathology secured 3rd place in the KCIAPM First State Level Intercollegiate Pathology Post Graduate Quiz-Q-Path held on 30th March 2012 at MVJ Medical College and Research Hospital. 28 teams from all over Karnataka participated in the quiz.

**KIJKUCHI'S DISEASE-HISTIOCYTIC NECROTISING LYMPHADENITIS - A Case Report**

A 27 year female presented to Bapuiji Hospital with:

Multiple cervical swellings since 5 yrs, easy fatigueability since 2 yrs, fever and vomiting since 2 months.

On examination multiple non tender cervical lymph node swellings Firm/Rubbery consistency, Pallor +ve.

Systemic examination revealed no abnormalities.

**INVESTIGATIONS:**

a) All routine blood investigations were within normal limits.

b) Lymph node excisional biopsy - histological features suggestive of - KIJKUCHI's DISEASE

Histiologic features seen here is a patchy necrosis, histiocytes (crescent shaped nucleus ) n karyorrhexis. Others cells seen here are lymphocytes n macrophages.

c) ANA test +ve

d) SSA test +ve

e) HISTONES +ve

From the above typical histological features, a diagnosis of KIJKUCHI's DISEASE was made. Inspite of it being a self limiting condition, in view of cosmetic indications patient underwent cervical lymph node excision.

**DISCUSSION**

KIJKUCHI's disease is a rare self limiting non-cancerous enlargement of cervical lymph nodes. First described in Japan, by Dr. Masahiro KIJKUCHI in 1972 and by FUJIMOTO. It is seen in young adult females.

Etiology is not known. Kikuchi's disease is found to be associated with positive anti nuclear antibodies, might be secondary to serum sickness or drug induced.

- Dr. K. Mahesh, Prof of Surgery
- Dr. Renuka B. G., Asst Prof of Medicine
- Dr. Eranna M. G., PG in Medicine
SMOKING

Hey Guys Smoking ?? Let us take a look how cigarette smoke affects our body from head to toe. You may be surprised at some of the ways smoking has negative impact on our health.

Hazard of Smoking :-

01 Hair - Smell and Staining
  › Period Pain
  › Early menopause
  › Infertility and delay in conception.

02 Brain & Mental effects
  › Stroke
  › Addiction/Nicotine withdrawal
  › Anxiety about harm caused by smoking

03 Eyes:
  › Macular degeneration
  › Cataracts

04 Nose:
  › Less sense of smell
  › Cancer of Nasal cavity and paranasal sinuses

05 Thyroid - Graves disease

06 Skin - Winkles
  Premature Aging

07 Teeth:
  › Discoloration and stains
  › Plaque
  › Loose teeth
  › Gum disease

08 Mouth and throat
  › Reduced sense of taste
  › Sore throat
  › Breath smells of smoke
  › Cancers of lips, Mouth, throat and larynx, Pharynx

09 Cardiovascular system
  › Coronary artery disease
  › Aortic Aneurysm
  › Large and small vessels atherosclerosis
  › Sudden cardiac death
  › Myocardial Infarction

10 Cancers of
  › Liver, Kidney, Bladder, Pancreas, Ureter, Stomach Ureteric cervix, breast, colon, rectum

11. Abdomen
  › Stomach and duodenal ulcer
  › Gall stone, Cholecystitis

12 Spine
  › Degenerative disc disease

13 Male reproduction
  › Sperm - deformity, loss of motility, reduced number
  › Infertility, Impotence

14. Female reproduction

15 Effects during pregnancy
  › Premature rupture of membrane
  › Abruptio Placentae
  › Placenta Previa
  › Spontaneous Abortion
  › Preterm delivery
  › Increase rate of Perinatal mortality

16 Risk to Fetus includes
  › Increase rate of infant respiratory death syndrome
  › Sudden infant death syndrome
  › Low birth weight
  › Smaller Infants
  › Stillborn Infants
  › Birth defects Eg. Congenital Limb reduction
  › Increased Nicotine receptor in baby's brain
  › Increased likelihood of child smoking as teenager
  › Possible predisposition to adult anxiety disorders
  › May have developmental lag for atleast the first few years of life

17 Hands
  › Poor circulation
  › Peripheral vascular disease
  › Tar stained fingers.

18 Respiratory system
  › COPD (Chronic Bronchitis, emphysema)
  › Cough, cold, soreness of throat
  › Asthma, Pneumonia
  › Complicates - Tuberculosis
  › Lung cancer

19 Blood:
  › Leukemia

20 Legs and Feet :
  › Gangrene,
  › Beurger disease
  › Peripheral vascular disease

21 Immune system
  › Weakened immune system

Environmental tobacco Smoke causes :-
CSOM
Increased incidence of Asthma
Increased acute exacerbation of Asthma in Children
Increased risk of respiratory Infection
Increased coronary artery disease

**Lung Cancer**

As long as this list of disease known to be associated with smoking is, it is incomplete. We don't yet fully understand all of the dangers that cigarette smoke presents, but research continues bringing us new discoveries seemingly day by day. Cigarette smoking remains most important cause of morbidity and early mortality. In 2000 there were an estimated 4.8 million premature deaths in the world attributed to smoking. In these more than three quarters (3.8 Millions) were men.

Put another way, someone loses their life to smoking every 8 Sec somewhere in the world

**Factor Influencing smoking**

- Advertising and promotional activity
- Social acceptability
- Easy availability
- The need for enhanced self image
- To imitate adult behavior
- Influenced by smoking habit of family members and friends
- To ride off exam tension and anxiety
- As a trial to know the taste but later it becomes habit
- To ride off depression

---

**Quit Smoking**

- For your health
- For your family
- For your well wisher

Do not ever think it's too late for you to quit smoking, and Please ------- Don't waste any more of your life on cigarettes, smoking offers you absolutely nothing of value.

Take back your life, you deserve the freedom and long lasting benefits that smoking cessation brings.

**Source:**

1. Harrison's principle of internal medicine, 15th edition
2. Davidson's principle and practice of medicine, 21st edition

**HAPPY FREEDOM FROM SMOKING**

- **Dr. Chandra Prakash Gupta**
  P.G. in Orthopaedic
MECKEL-GRUBER SYNDROME-A RARE CASE REPORT

ABSTRACT
We present an interesting case of a fetus which was delivered in our hospital after antenatal detection on usg. Clinical examination, usg findings, infantogram, autopsy and histopathology proved it to be a case of Meckel Gruber syndrome.

INTRODUCTION
Meckel Gruber syndrome is a rare, lethal syndrome characterized by occipital cephalocele, post axial polydactyly and dysplastic cystic kidneys.

We report a case of Meckel Gruber syndrome diagnosed antenatally at 37 weeks of gestation and confirmed postnatally by postnatal radiographs, fetal autopsy and histopathology.

CASE REPORT
A 23 year old primigravida with no history of consanguinous marriage was referred for routine third trimester obstetric ultrasound. US evaluation revealed a single, live fetus of 37 weeks maturity with severe oligohydramnios. US of the fetal abdomen revealed bilateral enlarged echogenic kidneys with few cystic spaces. [Figure - 1]. Fetal head showed a large occipital cephalocele. [Figure - 2] Fetal thorax and liver were compressed by the enlarged kidneys. However fetal liver did not show cysts. Fetal urinary bladder was visualized. The limbs were examined for polydactyly but could not be ascertained as the liquor was scanty. The lungs were hypoplastic. [Figure - 3] The umbilical cord had a normal trivascular appearance. The external genitalia were of female sex.

As the fetus showed lethal anomalies, she was admitted and delivery was induced. The baby was delivered stillborn.

On clinical examination, the face showed characteristic potter facies - micrognathia, hypertelorism, epicanthic folds, snubbed nose, and low set ears, The fetus had grossly distended abdomen, a bell shaped thorax and an occipital encephalocele, lobulated tongue, polydactyly, talipes and club feet.[Figures 4,5,6,7,8]

Radiograph of the autopsy specimen revealed a female fetus with polydactyly, occipital cephalocele, a bell shaped thorax, and enlarged distended abdomen. [Figure - 9,10]

Autopsy was done. The findings included large multicystic kidneys bilaterally. The lungs were hypoplastic. The bladder and ureters were seen and normal, uterus with ovaries was seen.[Figures 11, 12, 13]

Histopathologic examination revealed-Multicystic dysplastic kidneys, hypoplastic lungs, and hepatic fibrosis. The finding of polydactyly in the autopsy specimen confirmed the diagnosis of Meckel Gruber syndrome.

USG FINDINGS

Figure 1- enlarged echogenic kidney in the abdomen
Figure 2- antenatal USG at 37 weeks - occipital encephalocele with small amount of brain tissue
Figure 3- hypoplastic lungs with cardia

GROSS EXAMINATION

Figure 4- a female fetus with encephalocele, grossly enlarged abdomen, characteristic potter facies, polydactyly and club feet
Figure 5- hand showing six fingers
Figure 6- both feet showing six toes
MECKEL-GRUBER SYNDROME-A RARE CASE REPORT

Figure 7-potter facies- hypertelorism, flattened nasal bridge, low set ears, micrognathia

Figure 8-female external genitalia

INFANTOGRAM

Figure 9-large protruberant abdomen and encephalocele.
No bony deformity noted.

Figure 10- Both feet show polydactyly

AUTOPSY

Figure 11 - lobulated tongue

Figure 12- thorax showing heart with hypoplastic lungs

Figure 13 - internal organs showing enlarged cystic kidneys, hypoplastic lungs and heart

Figure 14- cut section of the cystic kidney

Figure 15- cut section of both hypoplastic lungs
MECKEL-GRUBER SYNDROME-A RARE CASE REPORT

g) Microcephaly, anencephaly, and the absence of olfactory lobes and tract may also be observed.

2) Cardiac: Atrial septal defect, coarctation of aorta, and pulmonary stenosis may be present. Cardiac abnormalities which are found include ventricular and atrial septal defects, coarctation / hypoplasia of the aorta, aortic valvular stenosis, pulmonary stenosis and rotational anomalies.

3) As with other syndromes MS may be associated with gut anomalies like omphaloceles, single umbilical artery, enlarged placenta and growth restriction.

4) Lung: Hypoplasia is secondary to oligohydramnios.

5) Renal

a) Polycystic kidneys may be observed.

b) Cystic dysplasia of the kidneys is the most constant and characteristic feature of Meckel-Gruber syndrome.

c) Kidneys may be enlarged 10-20 times their normal size.

d) Abnormal kidneys function poorly and cause oligohydramnios.

6) Extremities: Polydactyly is also reported. Although all 4 extremities are usually affected, postaxial polydactyly is the most variable feature of the classic triad of major abnormalities. However, in some cases, preaxial polydactyly is present or not exhibited at all.

7) Liver: Hepatic dysgenesis is also noted. A hepatic lesion is a consistent feature, as reported in a series of 677 patients from Finland. The development of the intrahepatic biliary system is arrested, with varying degrees of reactive bile duct proliferation, bile duct dilatation, portal fibrosis, and portal fibrous vascular obliteration.

8) Facial: Cleft lip and cleft palate may be present. Microphthalmia and micrognathia may be observed.

Associated anomalies include cleft lip / palate, micrognathia, ear anomalies, micro-ophtalmia, epicanthic folds, nasal anomalies, hypo / hypertelorism, lobulated tongue, cleft epiglottis and neonatal teeth.

Most of these anomalies represent the Potter sequence which is thought to be due to severe oligohydramnios.

9) Genital anomalies: Without chromosome analysis or gonadal histology, genital ambiguity secondary to incomplete development of internal/external genitalia can cause confusion in sex assignment of the fetus or infant. Cryptorchidism might be present in males. Urethral atresia has been reported in 4 cases.

Criteria For Diagnosis

To make the diagnosis of MS cystic dysplastic kidneys is an essential component of the triad in addition to two other minor defects. (2) Second component of the triad is an occipital cephalocele. Cephaloceles are seen in 60 - 80% of the cases. (1), (2), (3), (4) This component may be responsible for the minimal amount of liquor in these patients which would otherwise have been absent in patients of bilateral cystic dysplastic kidneys. Maternal serum or amniotic fluid - Alpha fetoprotein levels may be normal as the cephalocele may be covered by a membrane. Other CNS anomalies which may be found are microcephaly, holoprosencephaly, cerebral and cerebellar hypoplasia, hypoplasia of the pituitary gland and Dandy Walker malformation.

The third component of the triad is post axial polydactyly which is present in 55 - 77% of the cases. (1), (2), (3), (4)

Finding at least two of the three features of the triad in the presence of normal karyotype makes the diagnosis. (1), (2), (3)

Differential Diagnosis

Differential diagnosis will depend on the type of associated anomalies. As the spectrum of anomalies overlaps with those of Trisomy 13, karyotyping is essential. A normal karyotype points towards MS. (1) Asphyxiating thoracic dystrophy (Jeune Syndrome) Lawrence - Moon - Bardet - Biedl Syndrome, Short rib polydactyly syndromes and Cerebro - Hepto - Renal Syndrome (Zellweger Syndrome) figure in the differentials, as all these are autosomal recessive disorders associated with renal cysts. (2) Autosomal dominant polycystic kidney disease is another possible differential.

Prognosis

Prognosis in MS is bad. Most infants are still born or die hours or days after birth. (1) The mortality rate is 100%. Most die before or right after delivery, but those who survive longer might have less severe abnormalities.

Autopsy provides valuable information that aids in diagnosis and genetic counseling for future pregnancies.
MECKEL-GRUBER SYNDROME-A RARE CASE REPORT

MANAGEMENT

As regards management, when MS is suspected, a karyotype study is required to exclude chromosomal disorders. (1)

Genetic counseling should be provided to the parents.

Our case was a classical one as it had all the features of the triad of MS.

References


Authors:
Dr. Pramod Setty, Dr. Bhagyavathi Kulkarni, Dr. Azra Begum, Dr. Sudeendraswamy, Dr. Jyothi R., Dr. Nijlingappa
INTRODUCTION

Hydatid disease is a disease that has been recognized in humans for centuries. During the mid 1900's, the more distinct features of causative agent (E. Granulosus) lifecycles, pathogenesis were described. Hydatid disease may occur all over the world although usually found endemic in developing countries and cattle rearing areas of the world. Most commonly affected organs being liver, lungs. And spleen, brain, heart, kidneys in 10-20% cases. Muscles are rarely involved. Here a case is reported where the muscle was the site of involvement.

CASE REPORT

A 35 year old female, came with history of lump in the left lumbar region which she noticed about a year ago. The lump was gradually increasing in size. Complains of pain in the swelling since 1 month. She did not give any history of trauma, weight loss, evening rise of temperature, cough, hemoptysis etc. on examination, a swelling 8 x 8 cms left lumbar area, skin over swelling was free, surface smooth, edge well defined, consistency cystic. Fluctuation positive, trasilluminatation negative. Over lying temperature was normal and there was no tenderness. Swelling was mobile in horizontal direction. Examination of blood showed total count of 14,000 cells/ cu. mm. ESR 25 mm/hr. Xray KUB region showed a soft tissue swelling without any calcification and dorso-lumbar spine xray was done to exclude tuberculosis of spine and was normal. Ultrasound of abdomen showed a well defined large collection with multiple loculation measuring 99X73X35(130cc) noted in the intramuscular region posterior to the lower half of left kidney and psosas muscle. Liver, spleen, kidneys were normal. On aspiration no fluid was present.

OPERATIVE DETAILS

On the basis of clinical findings and investigations and a probable diagnosis of hydatid cyst, the swelling was explored by a generous incision and a spherical cystic lump whitish in color was found deep to the latismus dorsi muscle. Before the cyst was opened aspirate was a clear straw colored fluid. Taking precautions to avoid spillage cyst was opened and clear fluid with multiple daughter cysts were found. The cavity was aspirated and washed with hypertonic saline. distally cyst extended until the coccyx. Hence only the proximal portion of the cyst wall was excised and a suction drain was placed in the remaining portion of the cyst and the incision was closed in layers.

Histopathological examination confirmed hydatid and drain was removed on 7th post op day and patient was given 400mg albendazole for one month and will be followed up for recurrence.
HYDATID DISEASE IN LUMBAR MUSCLES -
AN UNUSUAL PRESENTATION CASE REPORT

DISCUSSION

The causative organisms of hydatid disease are Echinococcus granulosus, Echinococcus multilocularis and Echinococcus oligarthrus. Among these the most common one is Echinococcus granulosus. It is the larval stage of the organism, which affects the man. Man, sheep, cattle & pig are the intermediate hosts & dog, wolf & jackal are the definitive hosts. Although the larval stage of the parasite can thrive in many parts of the body, in 60-80% of cases, it does so in the liver. Dogs are infected by feeding on offal of infected sheep & cattle. The eggs are discharged with faces of the definitive hosts. An intermediate host swallows the eggs while grazing in the field, & man swallows the eggs due to intimate handling of infected dogs & also by eating salads. In the duodenum, hexacanth embryos are hatched out. The embryo penetrates through the intestine & enters the tributaries of portal vein. It is carried to the liver & may be arrested there which acts as the first filter. Some embryos may pass the liver, enter the pulmonary circulation & filter out in the lungs (the second filter). A few embryos may enter the systemic circulation & are trapped in various organs. Muscle is one of the rare sites where it may be trapped. The incidence of involvement of various organs & tissues by hydatid disease in descending order is mentioned in Table 1.

Table 1: Incidence of hydatid cyst affecting various organs / tissues

<table>
<thead>
<tr>
<th>Organs / tissue</th>
<th>Incidence</th>
</tr>
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<tbody>
<tr>
<td>Liver</td>
<td>60%</td>
</tr>
<tr>
<td>Lung</td>
<td>30%</td>
</tr>
<tr>
<td>Kidney</td>
<td>2.5%</td>
</tr>
<tr>
<td>Heart</td>
<td>2.5%</td>
</tr>
<tr>
<td>Spleen</td>
<td>Less than 2%</td>
</tr>
<tr>
<td>Brain</td>
<td></td>
</tr>
<tr>
<td>Bone</td>
<td></td>
</tr>
<tr>
<td>Orbit</td>
<td>Only few cases reported</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td></td>
</tr>
<tr>
<td>Spinal extradural space</td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td></td>
</tr>
<tr>
<td>Submandibular gland</td>
<td></td>
</tr>
<tr>
<td>Thyroid</td>
<td></td>
</tr>
<tr>
<td>Muscle</td>
<td></td>
</tr>
</tbody>
</table>

A hydatid cyst consists of three layers.

1. The adventitia (pericyst) consisting of fibrous tissue, which is the result of reaction of native tissue to the parasite. It is blended intimately with the surrounding tissue & is inseparable.

2. The laminated membrane (ectocyst) formed of the parasite itself, is whitish in colour & elastic & contains hydatid fluid. Unless secondarily infected, it is separated easily from the adventitia.

3. The only living part of a hydatid cyst a single layer of cells (germinal epithelium) lining the cyst (endo cyst). This secretes internally the hydatid fluid & externally the laminated membrane. Brood capsules develop within the cyst from germinal epithelium attached by pedicles. Within the brood capsules heads of future worms develop should the laminated membrane become damaged, it disintegrates & the brood capsules, becoming free, grow into daughter cysts. Occasionally the parasite dies. The fluid is absorbed & the wall calcifies. More commonly, may give various complications like suppuration, rupture into the surrounding e.g. in case of a liver cyst, it may rupture into the peritoneal cavity with development of anaphylactic shock, alimentary canal, pleural cavity etc. It may also cause jaundice if it ruptures into the biliary channel.

Investigations, which help to reach to a diagnosis, are complete blood count (showing eosinophilia), plain X-ray (showing soft tissue shadow, any calcification), ultrasonography of whole abdomen (showing involvement of liver & other organs by the cyst), and ultrasonography of a parietal lump showing multiloculated cystic lesion with echogenic material within it, x-ray chest (showing involvement of lungs). CT scan (showing floating membrane within the cyst), intradermal tests of Casoni, serological tests like ELISA test & immunoelctrophoresis. Aspiration of fluid by fine needle is also helpful. Ultimate confirmation of the diagnosis is done by demonstration of parasitic elements in surgical specimen.
The treatment of hydatid cyst is primarily surgical, although in the first instance a course of albendazole & mebendazole may be tried. Preoperative medical treatment is considered to sterilize the cyst, to decrease the tension in the cyst & thus reducing the chance of spillage & resultant anaphylaxis. Now-a-days, in addition to continuing drug therapy with albendazole, for this purpose peri-operative praziquantel is also used. Recently percutaneous treatment with hypertonic saline & alcohol also has been attempted in some centres (PAIR-PD Percutaneous Aspiration, injection, Respiration Percutaneous Drainage). Per-operatively, instillation of hypertonic saline(2n), 0.5% cetrimide or 0.5% silver nitrate solution before opening the cavity help to kill the daughter cyst & thus prevents further spread & anaphylactic reactions. The surgical options range from local excision of the cyst or liver resection to deroofing with evacuation of the content. During surgery, the field is isolated by placing packs soaked in hypertonic saline. The residual cavity may be reduced by packing the space with pedicled greater omentum (omentolasty). Postoperative medical treatment reduces rate.

REFERENCES:

Author: Dr. Manjunath Gowda
Professor, Dept. of General Surgery
Co-Authors: Dr. Perikal J. Parichay
Dr. Hemanth Gowda
Postgraduates, Dept. of General Surgery

Forth coming Event:
"ANWESH - 2012"
Inter medical cultural & literary fest on 16th, 17th and 18th August 2012.
All students and staff members are requested to attend.
For details contact:
Cultural Co-ordinator: Adarsh Hegde - 97416 75520
Literary Co-ordinator: Rahul - 99018 64019
Samskruthi - 94481 32731
Vyshali - 88678 64356
Dr. Sudarshan C. Y. addressing students of Bapuji Nursing Institutions on the eve of "World Health Day" on 07-04-2012

Activities of Medicine Department
Workshop on Integrated Teaching & Learning for faculty organised by Dept. of Medical Education.