Hydatid disease or human echinococcosis is a well-known parasitic zoonosis, endemic in the cattle and dog rearing region worldwide, as well as in some parts of India. Cystic echinococcosis affects mostly the liver and lung (80%), but tongue is one of the very rare sites.

Case Report
A 10 year old boy had presented with an isolated cystic lesion in tongue, which was expelled spontaneously with no residual lesion. On detailed examination, no other site in the body was involved.

Discussion
Parasitic cyst of the tongue is rare entity. Microbiological and histopathological examination helped clinch the diagnosis. Hydatid cyst should be considered as a differential diagnosis in isolated cystic lesion of tongue, especially in the risk group.

Keywords
Echinococcosis; Cysts; Tongue

ABSTRACT
Introduction
Hydatid disease or human cystic echinococcosis is a parasitic zoonosis, endemic in the cattle and dog rearing region worldwide, as well as in some parts of India. Cystic echinococcosis affects mostly the liver and lung (80%), but tongue is one of the very rare sites.

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Hydatid Cyst of Tongue: A Diagnostic Challenge

The watery fluid was aspirated (Fig. 2A), and sent for cytological, biochemical and microbiological analysis. In wet mount, invaginated scolex of Echinococcus was seen in Haematoxylin-Eosin stain (Fig. 2B).

The histopathology of cyst wall, in Periodic Acid Schiff stain, revealed outer hyaline and inner germinal layer. Both microbiological and histopathological reports confirmed the cyst to be a hydatid cyst.

Subsequent ultrasonography of neck and whole abdomen, chest X-ray and computed tomographic scan of brain failed to reveal any residual or disseminated disease. The tongue healed in approximately 14 days and there was no recurrence even after 6 months of follow-up.

Discussion

Hydatid disease, in human, affects mostly the liver and lung (80%), but can be found rarely in head and neck.4 The commonest cyst in oral cavity is mucous extravasation or retention cyst. Parasitic tongue cyst is quite unusual, cysticercosis caused by Taenia solium being the commonest.5 Tongue, as a location of hydatid cyst, is very rare.5 Only two cases of auto-expulsion of hydatid cyst of tongue are reported till date, both in India, in 19727 and 2007. The present case is only the third reported case of auto-expulsion of tongue hydatid cyst, more unique in its isolated tongue involvement. The present case is only the third reported case of auto-expulsion of tongue hydatid cyst. West Bengal is not an endemic zone in India and the cyst, in location and appearance was no different from tongue mucous retention cyst. For this scenario hydatid cyst, as a differential diagnosis, was not considered initially. The suspicion came from the history of intimate contact of the child with dogs and cattle and its unique spontaneous expulsion. The diagnostic dilemma was overcome by a very simple technique of aspiration from the expelled cyst and the specific evidence of Echinococcus from the microbiological analysis.

The management plan prior to expulsion of the cyst was surgical excision under general anaesthesia. If the cyst ruptured during surgery, fatal anaphylactic reaction could have happened due to spillage of the hydatid cyst fluid over the buccal mucosa, upper respiratory tract and lung.8 The spontaneous expulsion itself could have been fatal, had the cyst ruptured during the process.

So, in isolated cystic lesion of tongue, hydatid disease should be considered as a differential diagnosis and during surgery, precautions should be undertaken to avoid rupture or spillage. Also the set-up for urgent general anaesthesia and supportive care is needed even while performing surgery under local anaesthesia. In all cases of cystic tongue lesions, aspiration of cyst fluid...
after surgical excision and its microbiological analysis is routinely recommended along with histopathology of cyst wall to exclude any parasitic cyst.

References

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