DESCRIPTION

Cardiac involvement is uncommon (0.02–2%) in hydatid disease and the most common location is in the left ventricle, followed by interventricular septum and right ventricle. The clinical presentation of hydatid disease depends on the location of the cysts, and diagnosis is usually made by CT and/or high-resolution MRI.

We are presenting an extremely rare manifestation of hydatid disease in the pericardial sac. Our patient, a 78-year-old woman of South-Asian descent, presented with non-specific chest pain, and we are presenting the striking diagnostic images of a rare manifestation of hydatid disease obtained through the multiplanar capabilities of 64 slice CT scanner, which demonstrates the anatomical details, calcifications and internal architecture of this rare disease in an uncommon location (figures 1–3).

Abdominal ultrasonographic evaluation revealed no other cystic lesion either in the liver or other abdominal organs.

Multidetector CT scanner has the capability of defining the disease in all planes and with its spatial and temporal resolution can achieve diagnostic information on par with MRI scanning. Multiplanar CT also carries the added advantage of being more sensitive in picking up calcifications and pulmonary pathology (where MRI is not as good as CT).

Learning points

▸ Multidetector CT scanner has the capability of defining the disease in all planes and with its spatial and temporal resolution can achieve diagnostic information on par with MRI scanning.
▸ Multiplanar CT also carries the added advantage of being more sensitive in picking up calcifications and pulmonary pathology (where MRI is not as good as CT).

Competing interests None.
Patient consent Obtained.
REFERENCES


Figure 3 Contrast-enhanced sagittal processed image shows the antero-posterior relation with mediastinal structures and pericardial origin of left ventricle.