Symptomatic giant cardiac cyst hydatid in an adult woman

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DESCRIPTION

A 56-year-old woman presented to our hospital with shortness of breath and chest pain. On physical examination heart and lung auscultation were normal. The ECG showed normal sinus rhythm. The two-dimensional echocardiography revealed 5.65×2.81 mm size unilocular giant cystic mass at the basal segment of lateral wall (figure 1A–C). There was no other abnormality on echocardiography examination. MRI revealed cyst hydatid (CH) at the same location (figure 1D–F). She had normal levels of liver and cardiac enzymes. The diagnosis was serologically confirmed by ELISA. A detailed scan with ultrasonography and MRI did not show any hydatid cyst in other organs. Albendazole therapy was started after cardiac surgery.

Cyst hydatid is an infestation caused by echinococcus granulosus tapeworm.¹ Human infestations occur after ingestion of contaminated food with echinococcal eggs and by close contact with infected animals. It usually involves liver and lung.² Cardiac involvement is very rare with an incidence of 0.5–2%.³ The clinical findings of CH related to the location and size of cyst. Even heart involvement, most patients remain symptom free. However, serious complications such as valve obstruction, wall

perforation, heart block, pericarditis, effusion and tamponade, pulmonary embolism, allergic shock and sudden death have occurred. For this reason early diagnosis and surgical treatment is important. Diagnosis of CH can be made by non-invasive imaging techniques such as echocardiography, CT and MRI as similarly in our case.

Learning points

- ▶ Cyst hydatid usually involves liver and lung but cardiac involvement is very rare.
- ▶ Even heart involvement, most patients remain symptom free.
- ▶ Diagnosis of cyst hydatid can be made by non-invasive imaging techniques such as echocardiography, CT and MRI.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

Figure 1 (A) TTE in the apical four-chamber axis showed giant cyst hydatid (arrow). (B) TTE in the zoom mode apical four-chamber axis showed giant cyst hydatid (arrow). (C) Real-time three-dimensional TTE in the apical four-chamber axis showed giant cyst hydatid (arrow). (D–F) Dark-blood MRI and static image from cine true fast imaging with steady-state precession MRI examination show hydatid cyst in basal segment of lateral wall (arrows).

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REFERENCES

- 1 Soydinc S, Davutoglu V, Oylumlu M. Progress of untreated massive cardiac echinococcosis—echocardiographic follow-up. *Echocardiography* 2006;23: 780–3.
- 2 Shankarappa RK, Moorthy N, Bhat P, *et al.* Left ventricular hydatid cyst: an uncommon cause of chest pain in young adults. *Cardiol Young* 2012;24:1–3.
- 3 Kurtoglu N, Ermeidan C, Akdemir R, *et al.* Interventricular septal hydatid cyst. *Echocardiography* 2000;17:693–5.

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