Isolated multiple invasive cardiac hydatid cyst

Musa Cakici,1 Mustafa Cetin,1 Suleyman Erkan,2 Vedat Davutoglu2

DESCRIPTION
An 80-year-old man with a medical history of hypertension was referred to our clinic with a 2-month history of increasing dyspnoea. Physical examination was unremarkable. Echocardiography revealed multiple cystic mass localised to both intramyocardial and pericardial space (figure 1). A contrast-CT of the thorax revealed multiple cardiac cysts located on myocardium and pericardium (figure 2). Screening for other organ involvement revealed no other involvement.

Figure 1  (A, B) Echocardiography revealed multiple cystic mass localised to myocardial and pericardial space (arrow).

Figure 2  (A–D) Multiple cystic masses with different sizes localised to both intramyocardial and pericardial space are shown on contrast-CT.
including liver, lung and brain was negative. More than 10 cysts with different sizes suggested us the possible diagnosis of cardiac cystic echinococcosis. The serum indirect haemagglutination assay test for *Echinococcus granulosus* was positive. Definitive diagnosis of *E granulosus* requires confirmatory test which is an arc-5 test; antigen B (AgB) 8 kDa/12 kDa subunits or EgAgB8/1 immunoblotting. We felt the probable diagnosis to be cardiac cystic *echinococcosis* according to all these findings. We recommended a surgery to the patient; however, the patient refused medical and surgical treatment. Regarding the follow-up, the patient died 3 months later owing to acute pulmonary oedema related to cardiac heart failure.

Cardiac cystic *echinococcosis* comprises 0.5–2% of all human cystic echinococcosis cases. Most commonly involved organs are liver (55–70%) and lung (18–35%). Isolated multiple cardiac involvement is very rare. Clinical outcome and prognosis depend on the location, number and size of cysts. Massive cardiac involvement may lead to potentially life-threatening events. Close follow-up and surgical treatment is warranted because of high risk of cardiac tamponade, heart failure, arrhythmia and peripheral septic embolism. Although surgical mortality is relatively remained to be high, if untreated the death rate might increase up to 27%. Without surgical treatment, the progress depends on the dynamic change of cysts and septic dissemination, thus clinical and echocardiographic follow-up is recommended.

### Learning points

- Isolated cardiac echinococcosis is very rare.
- Cardiac massive involvement may lead to potentially life-threatening events.
- Close follow-up and surgical treatment is required.

### REFERENCES


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