Unusual Presentation of Hydatid Cyst Patient on Emergency Department

Acil Serviste Nadir Bir Kist Hidatik Kliniği

Kist Hidatik / Hydatid Cyst

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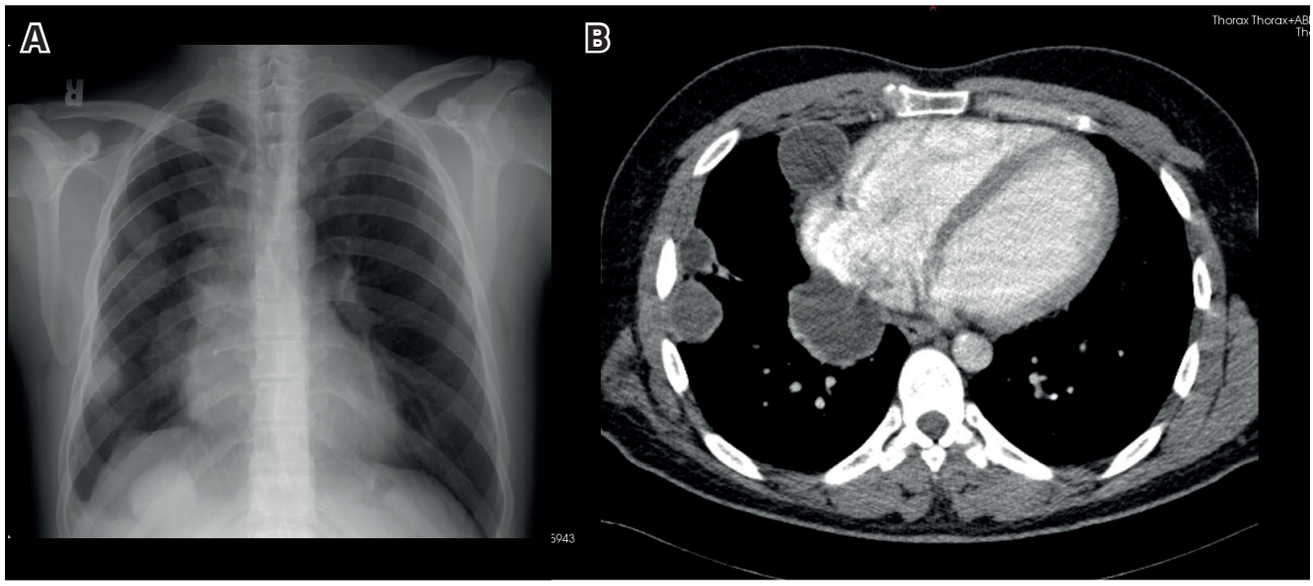


Figure 1. X-Ray image showing multiple cystic lesions in the right hemithorax (A), The computed tomographic appearance of multiple hydatid lung cystic (B).

A 30-year-old male patient presented to the emergency department with fever, chest pain and shortness of breath. Multiple cystic lesions in the right hemithorax were identified at pulmonary imaging (Figures 1a, b). We learned that tube thoracostomy for spontaneous pneumothorax had been performed because of prolonged air leak two years previously. During surgery, a hydatid cyst rupturing into the pleura was identified and he received albendazole therapy for two months postoperatively. The patient was hospitalized with a preliminary diagnosis of multiple pleural hydatid cysts. Several cystic lesions localized to pleural areas were determined at right thoracotomy and removed. The patient was recommended six months albendazole therapy and discharged.
Pulmonary hydatid cyst developing in association with Echinococchus granulosus is a parasitosis representing a serious health problem for Turkey. Cysts opening into the pleura may cause pleural effusion, empyema, pneumothorax and pneumonia. Treatment for pulmonary hydatid cyst consists of surgery and postoperative albendazole therapy. Local hypertonic solutions and long-term postoperative albendazole therapy are particularly useful in preventing recurrence of hydatid cysts rupturing into the pleura [1].

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