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Images in Infectious Diseases

Hydatid cyst in the teres major muscle and brain

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A 46-year-old male patient presented with a headache that persisted for 1 year. Physical examination revealed no abnormalities. Contrast-enhanced cranial computed tomography (CT), requested with a provisional diagnosis of a mass, revealed cystic lesions in both cerebral hemispheres, the largest of which was 2 cm in size, without contrast enhancement (**Figure 1**). Magnetic resonance imaging of the patient's brain revealed multiple round, multivesicular T1-hypointense and T2-hyperintense lesions in both cerebral hemispheres (**Figure 2**). These findings were significant with respect to hydatid cysts. Non-contrast thoracic CT was performed during the patient's general physical examination. A 22 × 10 mm hyperdense, septate cystic lesion was noted in the right teres major muscle (**Figure 3**). Postoperatively, a hydatid cyst was confirmed pathologically.

Cystic echinococcosis (hydatid disease) is a zoonotic parasitic disease caused by the ingestion of *Echinococcus granulosus* eggs that can form cysts anywhere in the body. The prevalence of the disease ranges from 0 to 79 cases/100,000 population[1]. Hydatid cysts most commonly affect the liver (55–70%), followed by the lungs (18–35%). The incidence of the cerebral form is 1–2%[2], and that of the muscular form is approximately 1–5%[3]. Hydatid cysts should be considered in the differential diagnosis of well-defined cystic masses unresponsive to medical treatment in individuals from endemic regions.

FIGURE 1: Presence of cystic lesions in both cerebral hemispheres, the largest of which is 2 cm in size, without multivesicular contrast enhancement.

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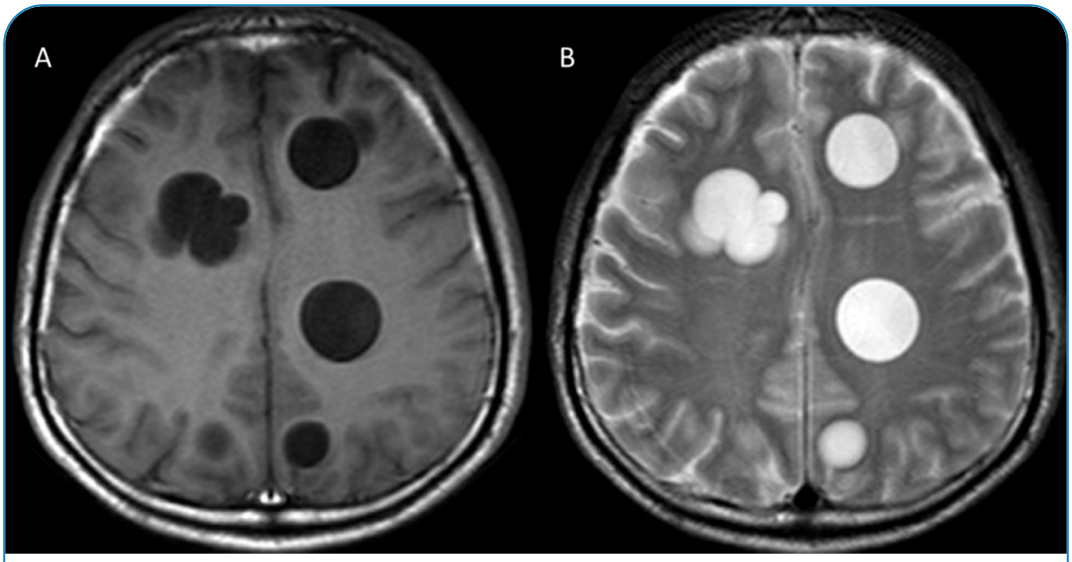

FIGURE 2: Magnetic resonance imaging of the patient's brain reveals multiple round, multivesicular T1-hypointense **(A)** and T2-hyperintense **(B)** lesions in both cerebral hemispheres.

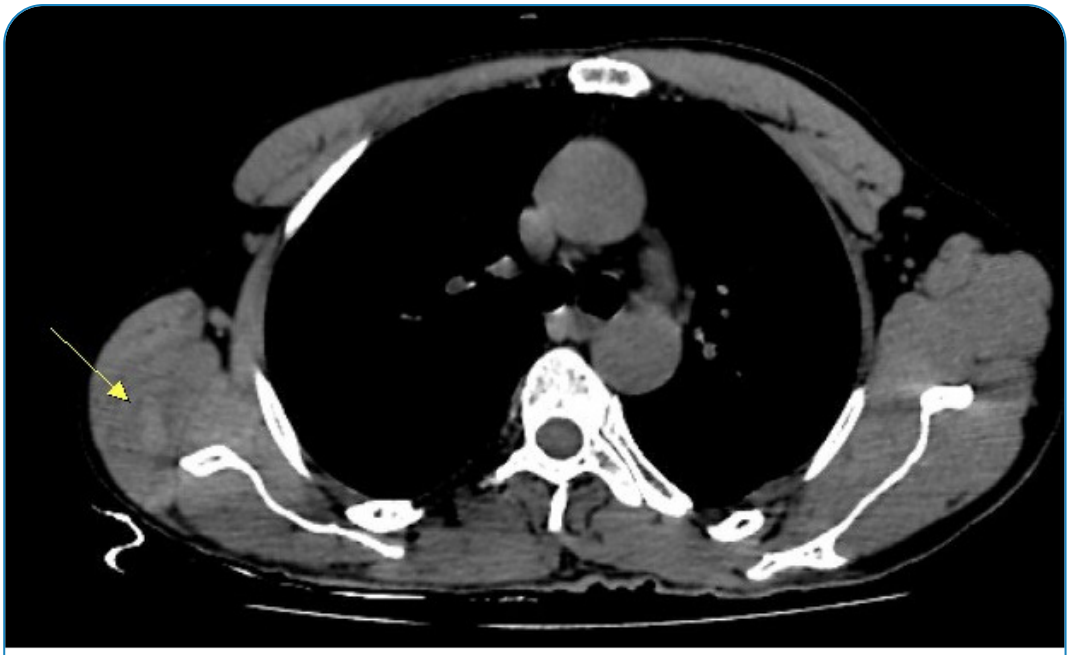

FIGURE 3: Radiological examination reveals a hyperdense, septate cystic lesion in the right teres major muscle.

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