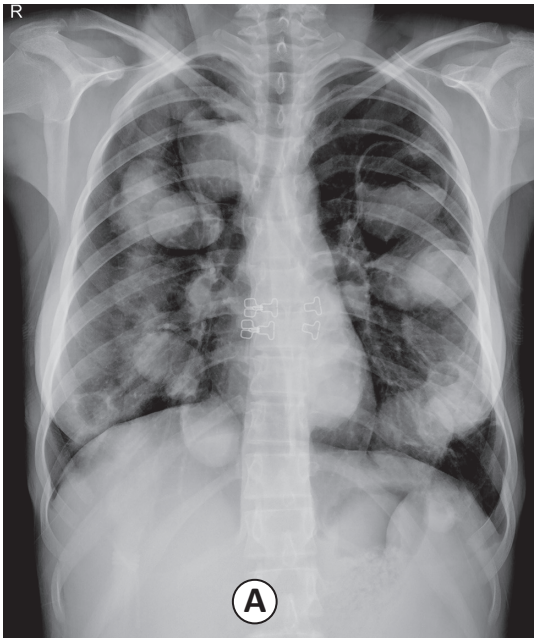
Rev Soc Bras Med Trop 49(4):534, July-August, 2016
doi:10.1590/0037-8682-0413-2015

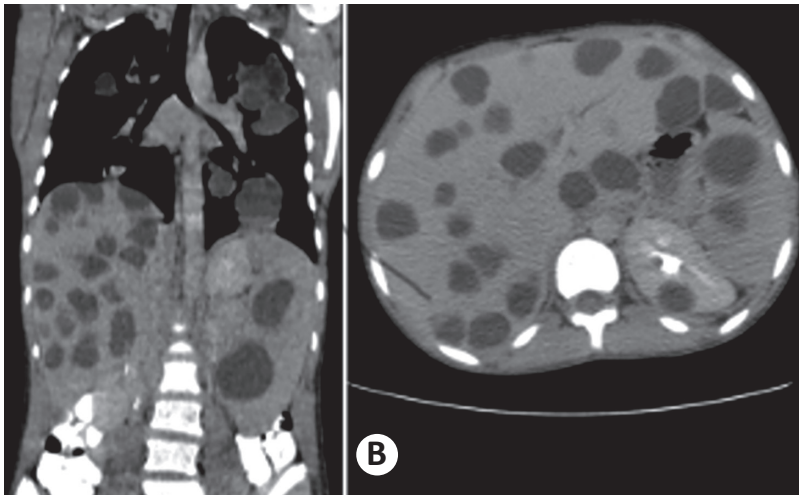
Images in Infectious Diseases

Hydatid cysts in a patient with multiple organ involvement

***Recep Tekin*[1], *Serdar Onat*[2] *and Rojbin Ceylan Tekin*[3]**

[1]. Department of Infectious Diseases and Clinical Microbiology, Faculty of Medicine, Dicle University, Diyarbakir, Turkey.
[2]. Department of Thoracic Surgery, Faculty of Medicine, Dicle University, Diyarbakir, Turkey.
[3]. Department of Radiology, Genesis Hospital, Diyarbakir, Turkey.





A 15-year-old girl was admitted with a 2-month history of early satiety, abdominal pain, nausea, and progressive dyspnea. Abdominal examination revealed a markedly distended abdomen. The patient's family lived in a region endemic for hydatid disease and her brother had a hydatic cyst in the liver. Serum immunoglobulin G (IgG) against *Echinococcus granulosus* was positive (titer 1/1,280) using the immunofluorescence assay test, and eosinophilia was observed in a peripheral blood sample. Postero-anterior chest radiograph showed multiple irregular opacities in both lung fields **(Figure A)**. Thoraco-abdominal computed tomography (CT) revealed multiple thin-walled cystic lesions in the lungs, liver, spleen, kidney, and right iliacus and gluteus maximus muscle **(Figure B)**. Based on the clinical, laboratory, and radiological findings, disseminated hydatid disease was diagnosed. The patient received a prolonged course of albendazole 15mg/kg/day (4 weeks treatment, 2 weeks non-treatment periods) with good clinical evolution. She received only medical treatment because of the multiple organ involvement. Hydatid cyst disease is an endemic parasitic infection caused by *Echinococcus granulosus*, and is a major public health problem in Mediterranean countries[1]. Hydatid disease should be kept in mind in the differential diagnosis of multiple cysts in patients living in endemic areas[1,2]. Early recognition of hydatid cysts cases is critical to prevent complications[3].

Conflicts of Interest

The authors declare that there is no conflict of interest.

Corresponding author: Dr. Recep Tekin.
e-mail: receptekin@yahoo.com
Received 9 December 2015
Accepted 29 February 2016

REFERENCES

1. Tekin R, Avcı A, Tekin RC, Gem M, Cevik R. Hydatid cysts in muscles: clinical manifestations, diagnosis, and management of this atypical presentation. Rev Soc Bras Med Trop 2015; 48:594-598.
2. Turan Y, Yılmaz T, Göçmez C, Kamaşak K Kemaloğlu S, Tekin R, et al. Assessment of cases with intracranial hydatid cyst: a 23-year experience. J Neurol Sci Turk 2014; 31:90-98.
3. Tekin R, Kara AF, Tekin RC, Cimen D. Cardiac hydatid cyst case recovered with medical treatment. Anadolu Kardiyol Derg 2011; 11:650-651.