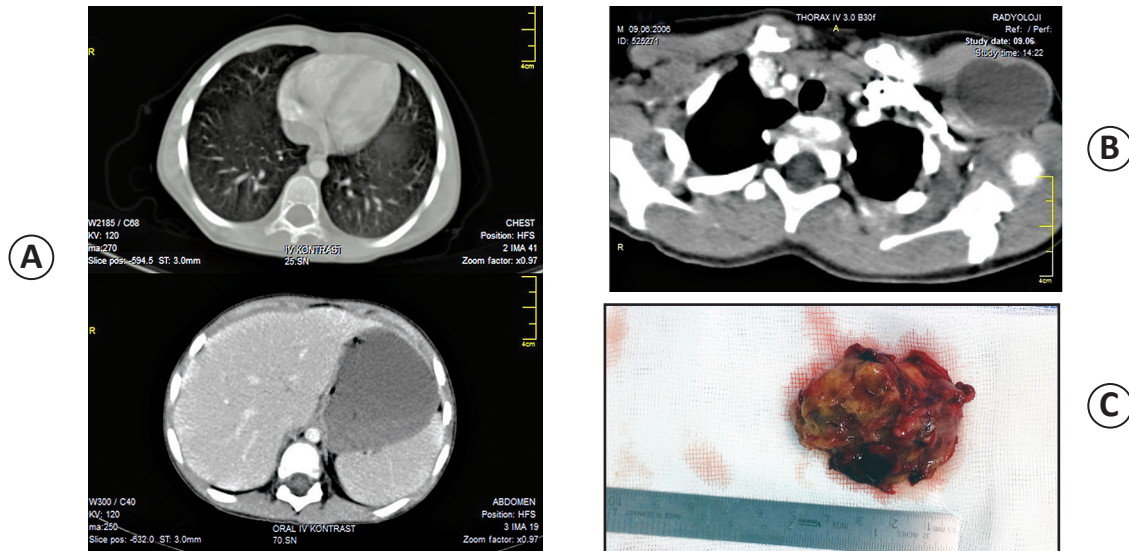


## Diagnosis and excision of a primary hydatid cyst localized in the soft tissue

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A 7-year-old boy presented with a painful swelling on his chest wall under the left clavicle. His parents reported that this mass had developed and increased in size within the previous year. Physical examination showed a fluctuant mass (3 × 4 cm) within the indicated region; this mass elicited pain on palpation. Ultrasonographic examination did not reveal any diagnostic clues. Considering that the patient's family lived in a region endemic for hydatid disease and were involved in livestock farming, the patient underwent further assessments using abdominal and thoracic computed tomography (CT) examinations, specific immunoglobulin E (IgE) tests, and hemagglutination tests to confirm a diagnosis of hydatid cyst. The serologic test results were normal. CT did not show any cystic lesions in the liver, lungs, or other intraabdominal organs (**Figure A**). However, a mass, measuring 28 × 38mm, similar to a unilocular cyst, was observed on the anterior thoracic wall just below the left clavicle (**Figure B**). For definitive diagnosis,

and treatment of the mass, excisional biopsy was scheduled. The mass was excised in compliance with the principles of the surgical procedure; however, the cyst wall ruptured revealing a germinative membrane. The mass was extirpated, and prepared for histopathological examination (**Figure C**). On the basis of the findings of the histopathological examination, a diagnosis of hydatid cyst was confirmed.

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