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Intracardiac hydatid cyst

Abdullah Orhan Demirtas[1], Yeşim Alpay[2], Gencehan Kumtepe[3], Erdogan Bulbul[4], Ayberk Görcan[5]

[1]Adana City Hospital, Department of Cardiology, Adana;
[2]Balikesir University Faculty of Medicine, Department of Infectious Diseases and Microbiology, Balikesir;
[3]Meddem Hospital, Department of Cardiolvascular Surgery, Isparta
[4]Balikesir University Faculty of Medicine, Department of Radiology, Balikesir
[5]Balikesir University Faculty of Medicine, Department of Cardiology, Balikesir

ABSTRACT

Human echinococcosis is a zoonotic infection caused by larval forms (metacestodes) of tapeworms of the genus echinococcus found in the small intestine of carnivores. The eggs of these tapeworms excreted by carnivores may infect various species of natural intermediate host animals and humans. Hydatid cysts may be found in almost any part of the body, leading to many clinical presentations. The most common locations are the liver and lungs (2). In the heart, the left ventricle is the most common location (46%), followed by the right ventricle (21%), interventricular septum (19.3%), right atrium (9.7%), left atrium (1.6%), and sinus of valsalva (1.6%) .The treatment of intracardiac hidatid cyst is surgery (3).

Keywords: Intracardiac hydatid cyst

***Correspondence to Author:**
Abdullah Orhan Demirtas
Department of Cardiology at Adana City Hospital
Adana /TURKEY

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CASE REPORT

A 36-year-old female patient was diagnosed with cerebral hydatid cyst 3 years ago and she has been brain operation twice. She left the medication one year ago because of albendazole side effect as hair loss and abdominal pain and cerebral CT at that time was normal except postoperative changes. She went to infectious diseases outpatients polyclinic due to syncope and laboratuary test, cranial MR, abdominal ultrasound and cardiology consultation planned. Abdominal ultrasound and all of the laboratory parameters were normal except slightly CRP elevation (14,7 mg/dl). At Axial T2 weighted images of MR, 1.31x1.37 cm cyst with internal septa was found in the subcortical white matter of right parietal lobe (Figure 1). Neurosurgery planned to follow up the patient. At cardiology polyclinic, physical examination and electrocardiography revealed no abnormality. A mass of 4.5x3.1 cm with a multiple cysts adhered to the lateral wall of the left ventricle was observed at echocardiography. There were no gradient on the mitral or aortic valve. The lesion was considered intracardiac hydatid cyst (Figure 2,3). On thorax CT scan, a mass of 4.5x3 cm hypodense cyst adhered to the lateral wall of the left ventricle was seen (Figure 4). Cardiology, infection disease and cardiovascular surgery council performed. The patient was referred to the cardiovascular surgery clinic for operation. The cysts in the heart was completely removed and pathologic examination resulted in hydatid cyst. Infectious diseases recommended albendazole treatment again. No further syncope seen in outpatient clinic follow-up.

Inconclusion, cardiac hydatid cystis still widely seen in developing countries. Although it most often affects liver, all of the organs can become infected. Cardiac hydatid cyst should be kept in mind and echocardiography should be performed on all patients with hydatid cyst diagnosis. Although intracardiac hydatid cyst usually seen asymptomatic, surgical intervention should be considered for cardiac hydatid cyst diagnosed patients because of fatal outcomes.

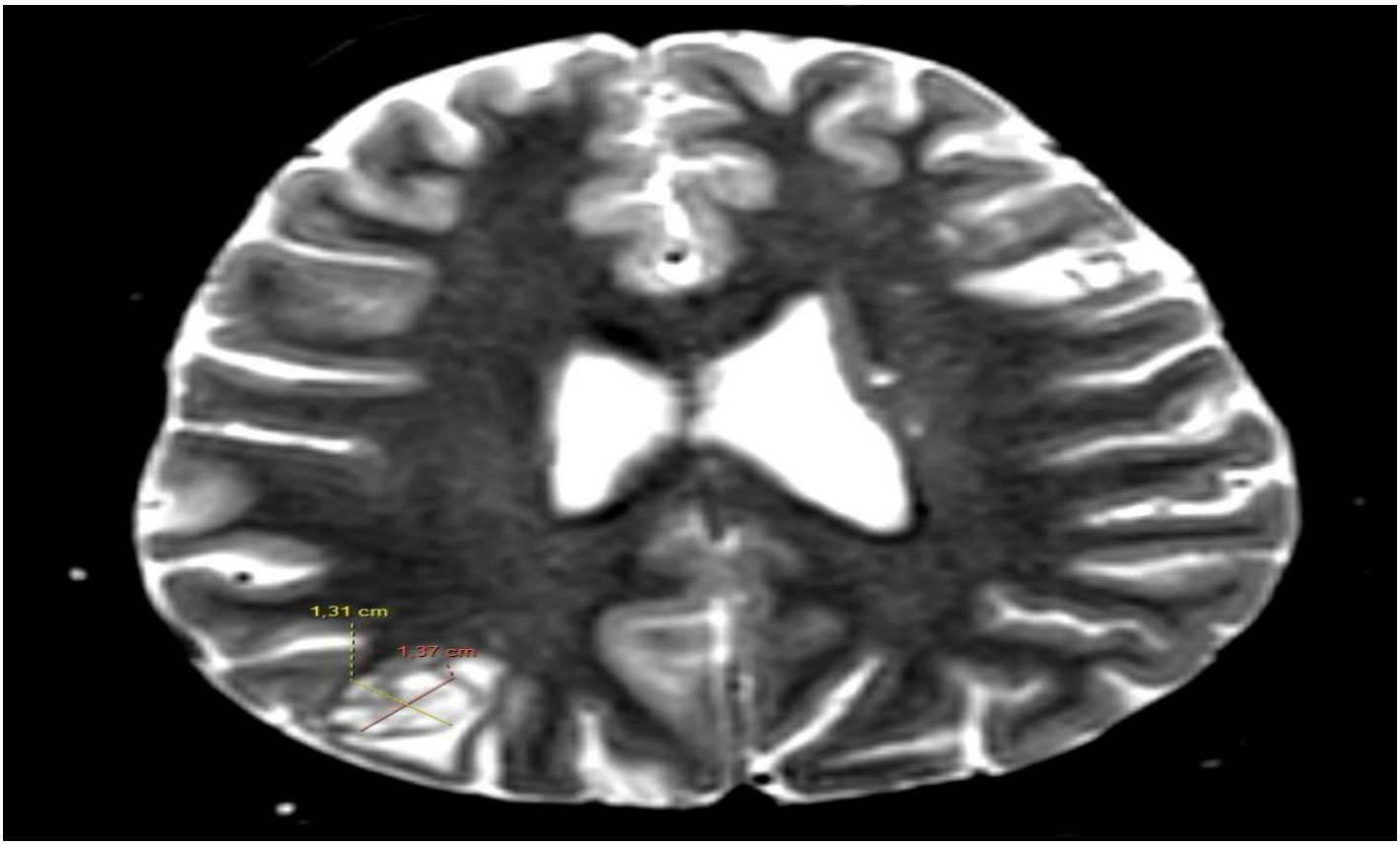

Figure 1: Cranial MR view of hydatid cyst at right parietal lob

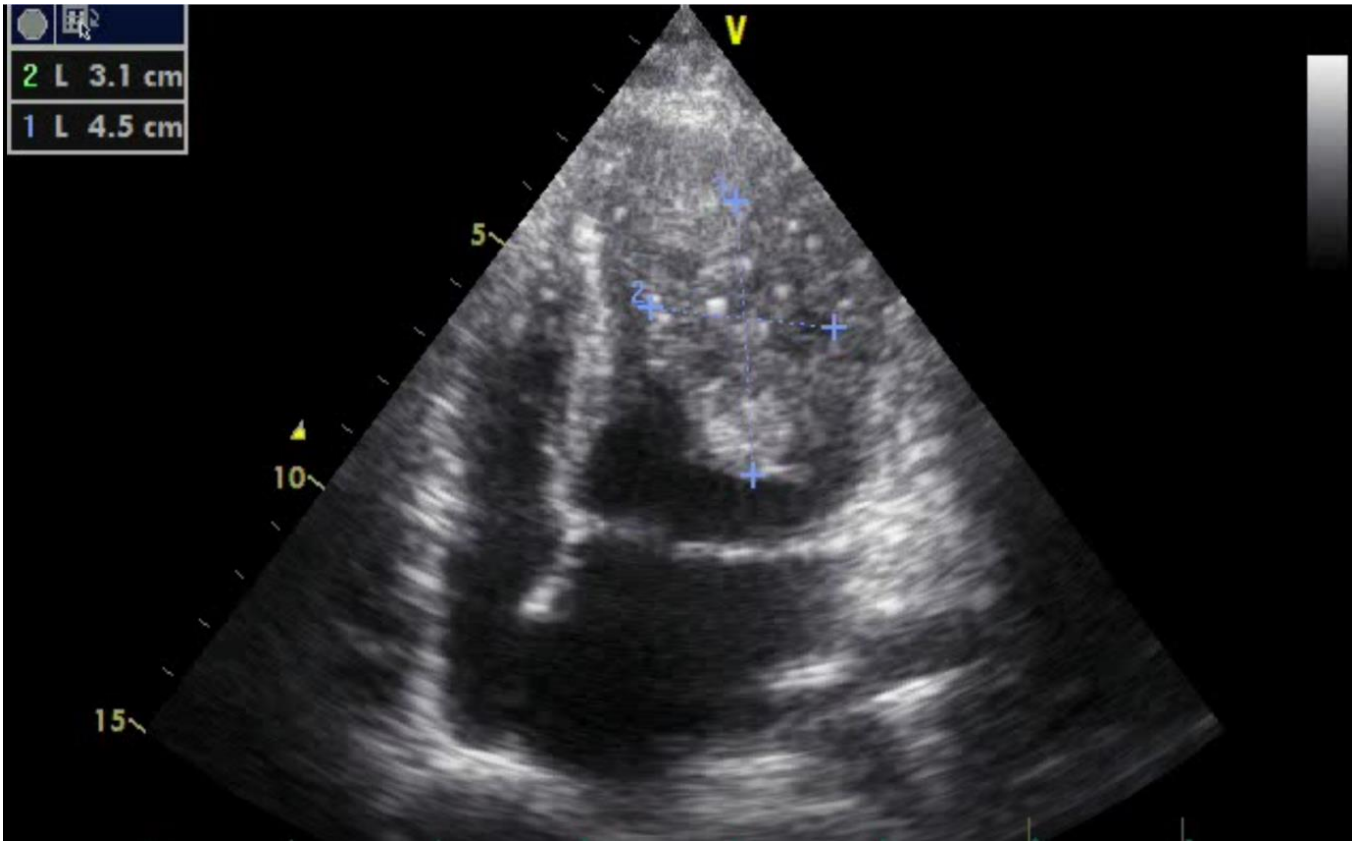

Figure 2: Echocardiography apical 4 chamber view of hydatid cyst at lateral wall of left ventricle.

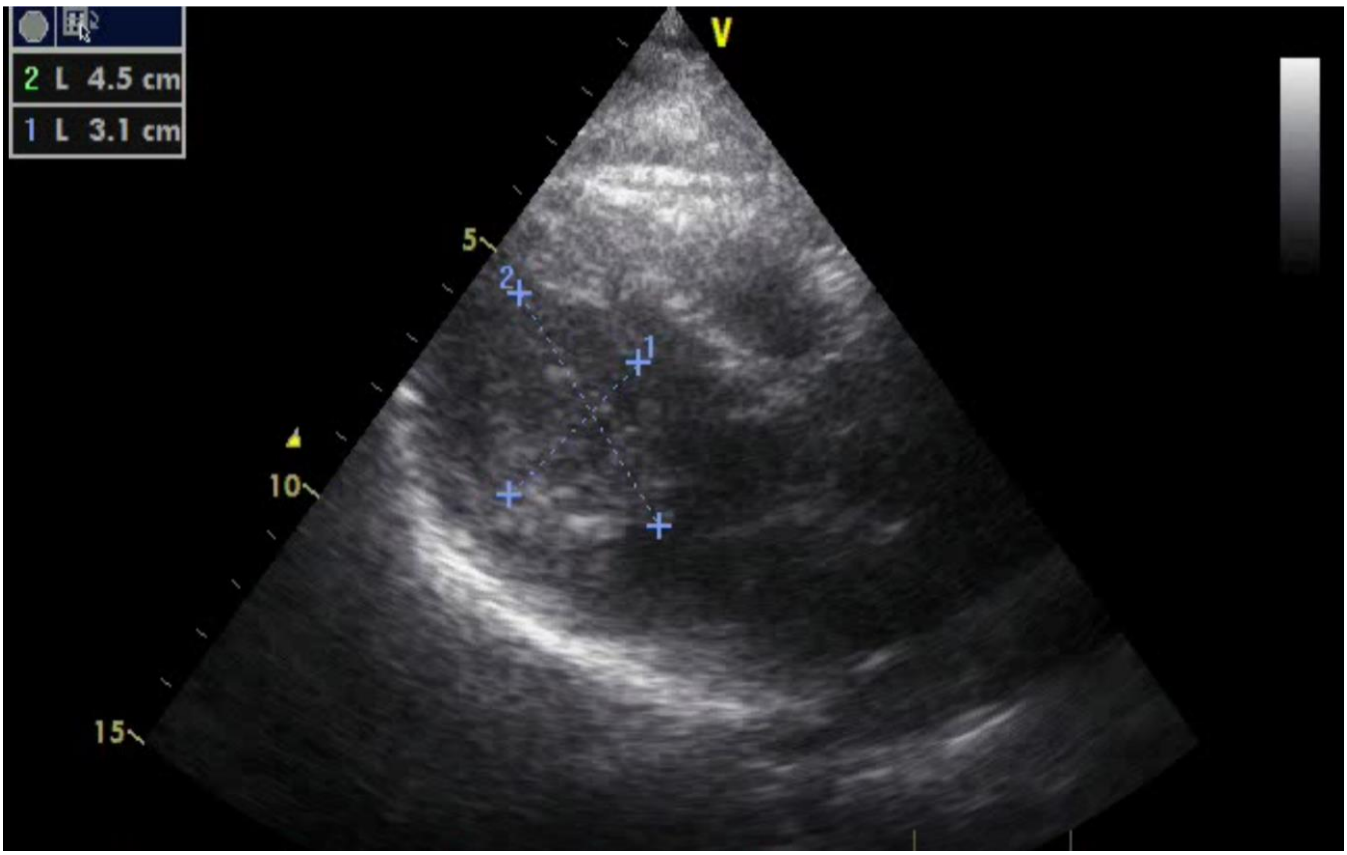

Figure 3: Echocardiography parasternal long axis view view of hydatid cyst at lateral wall of left ventricle.

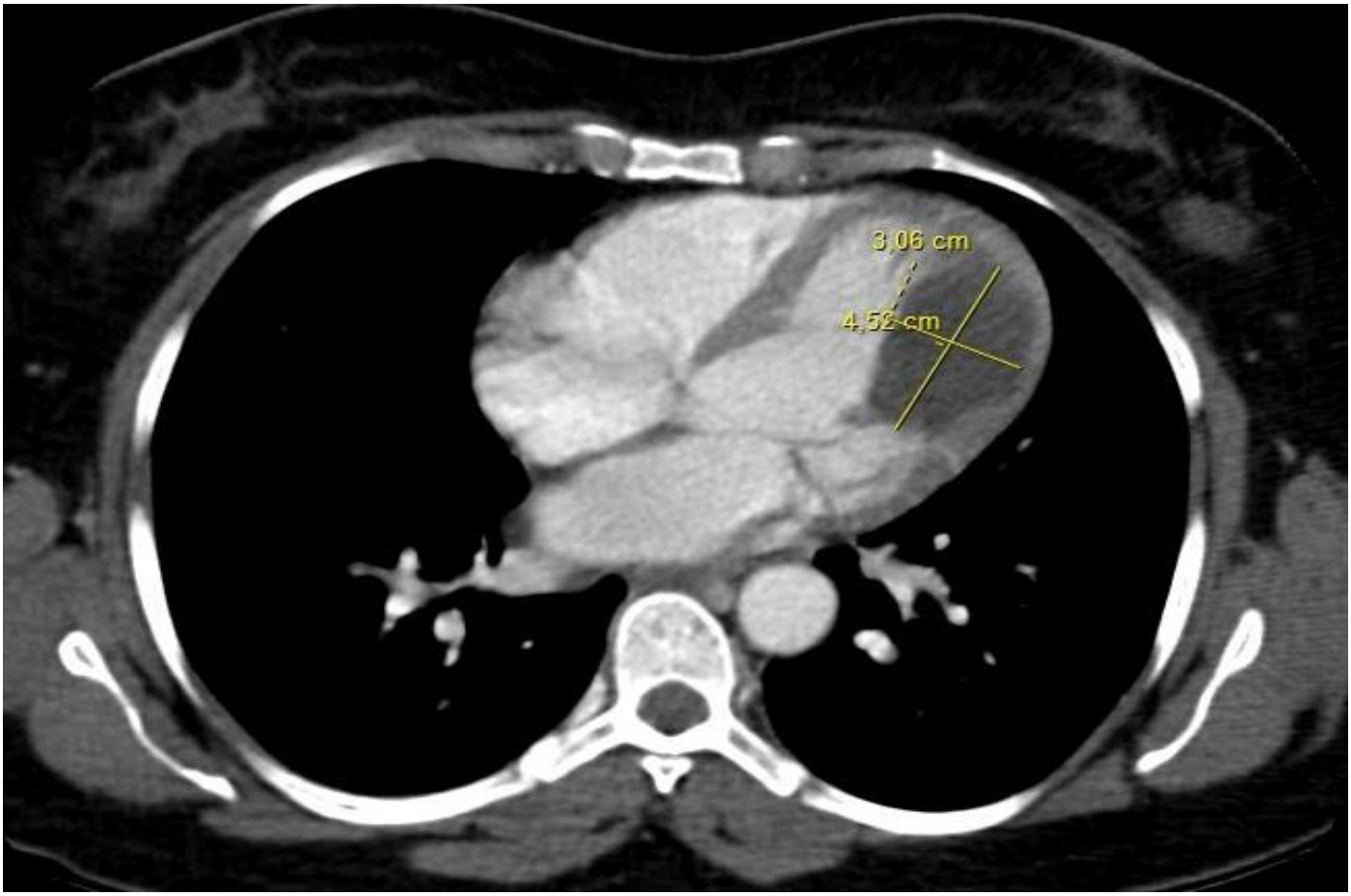

Figure 4: Thorax CT view of hydatid cyst at lateral wall of left ventricle

Figure 5: Surgical removal of cardiac cyst hydatid

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