

Huge echinococcal cyst

Antonio L. Aguilar Shea, Cristina Gallardo Mayo

CASE REPORT

A 71-year-old male who lives in an urban area presented with a progressive increase of his abdominal volume with *diastasis rectus abdominis*. Computed tomography (CT) scan revealed a 15×8 cm huge cyst in the VI liver segment that infiltrated and dissected the anterior epigastric wall with muscle affectation, these findings were considered compatible with echinococcal disease (Figure 1). On the patient's history review it was discovered that in 2005 he had two calcified lesions in the right liver lobule and one in the caudate lobe described as inactive echinococcosis. These calcified lesions were unchanged in CT scans done in 2013 to 2016 (Figure 1). Patient was admitted for surgery due to the risk of rupture, histopathology report confirmed the echinococcal disease. The patient did not have a dog and was not in close contact with any herd animals, so an unknown reinfection or reactivation was suspected. Echinococcal disease is caused by infection with the metacestode stage of the tapeworm *Echinococcus*.

E. granulosus infection is the most frequent and typically affects the liver creating cysts. Symptoms are unusual unless the cysts become large, were the main complication is rupture, which can cause an anaphylactic reaction that could lead to death [1, 2]. The diagnosis is usually done by ultrasound or computed tomography scan management options for echinococcal cysts include surgery, percutaneous management, drug therapy and observation. Surgery is the treatment of choice for management of complicated cysts, including those over

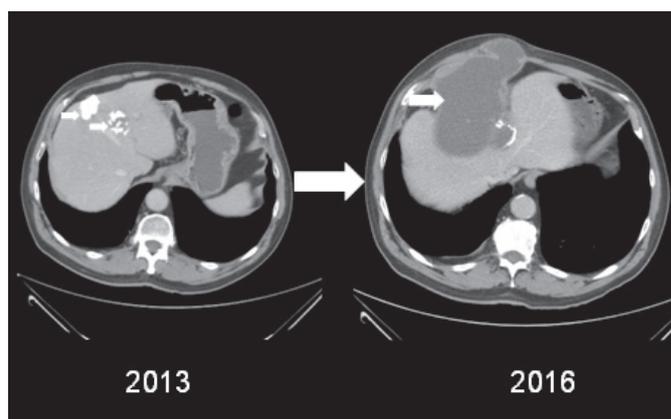


Figure 1: Computed tomography scan revealing echinococcal cyst change from 2013 to 2016.

10 cm like in our case [3, 4]. A review in literature revealed similar cases of giant liver echinococcal cysts that were managed surgically with a good outcome [5–7].

CONCLUSION

The case highlights the importance that high index suspicion for echinococcal disease progression should be maintained in patients with previous known hydatid liver cyst. When increased in size, liver echinococcal cysts treatment of choice is surgery.

Keywords: Echinococcal cyst, *Echinococcus granulosus*, Hydatid disease, Liver

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Antonio L. Aguilar Shea – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Cristina Gallardo Mayo – Substantial contributions to conception and design, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Guarantor

The corresponding author is the guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

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SUGGESTED READING

- <https://www.cdc.gov/parasites/echinococcosis/>

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