

A rare cause of embolism in the popliteal artery of an adolescent: ruptured cardiac hydatid cyst

A 17-year-old male presented to the emergency department with complaints of pain, paleness, and coldness in his left leg. In the peripheral angiography, total occlusion in the left popliteal artery was observed with distal collateral filling (Fig. 1). On the thoracic CT, a bilobular ruptured cystic lesion 0.9 × 2.7 cm in size in the interventricular septum partially extended to the left ventricle (Fig. 2).

The patient was admitted to emergency surgery. A capsule consistent with a hydatid cyst was removed from the popliteal artery, which was confirmed pathologically (Fig. 3).

To the best of our knowledge, this is the first reported case of popliteal artery embolism in an adolescent patient because of rupture of cardiac hydatid cyst. In cases of vascular embolism developing suddenly in the extremities, it will be useful to consider ruptured cardiac hydatid cyst in the differential diagnosis, particularly in endemic regions.



Figure 1. Peripheral in posteroanterior projection angiography; total occlusion in the left popliteal artery (black arrow) was observed with distal collateral filling (white arrow)

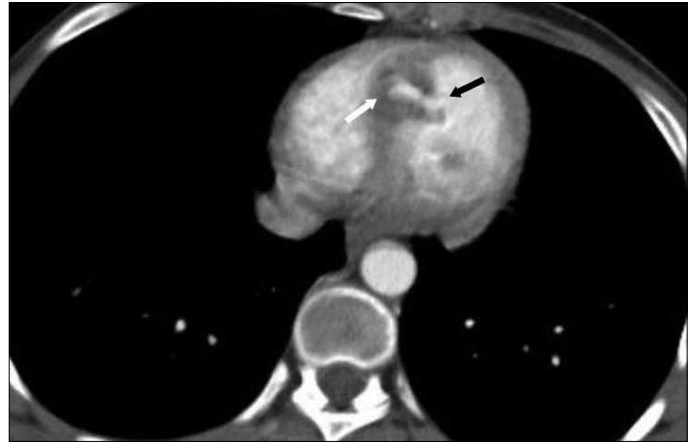


Figure 2. The thoracic CT axial image; a bilobular ruptured cystic lesion interventricular septum (white arrow) partially extending to the left ventricle (black arrow)



Figure 3. Another photomicrograph showing laminated membrane of the hydatid cyst in an embolus

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