

Coexistence of the heart and liver hydatid cyst

Kalbi ve karaciğeri tutan kist hidatik

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A 44-year-old woman presented to our cardiology unit with dyspnea and atypical chest pain. On physical examination heart and lung auscultation were normal. The electrocardiogram showed sinus rhythm with a heart rate of 90 beats/min, and the results of routine laboratory tests were normal. A chest X-ray showed a normal cardiothoracic ratio. Transthoracic

echocardiography revealed a large, round shaped, unilocular cyst in the free wall of the left ventricle (LV) (Fig. A). Computed tomography (CT) and magnetic resonance imaging (MRI) were performed to further characterize the lesion. Thoracic CT showed a hypodense, cystic mass in the LV which was 53 mm × 45 mm in size and abdominal CT showed multiple cystic lesions in the liver (Fig. B-E). Cardiac MRI confirmed the presence of 55 mm × 43 mm cystic mass in the free wall of the LV (Fig. F-I). An enzyme-linked immunosorbent assay was positive for Echinococcus antibodies. She was operated on as a matter of urgency on under cardiopulmonary bypass and cardioplegia. Albendazole therapy was started after cardiac surgery. 2 months later, the liver cysts were removed in another session.

Figures– (A) Transthoracic echocardiography; a large, round shaped, unilocular cyst in the free wall of the LV (arrow). LV: Left ventricle, RV: Right ventricle, HC: Hydatid cyst, LA: Left atrium. (B-E) Computed tomography is showing the hydatid cysts in the left ventricle and liver. (F-I) Cardiac magnetic resonance imaging, showing the cystic mass within the free wall of the left ventricle.

