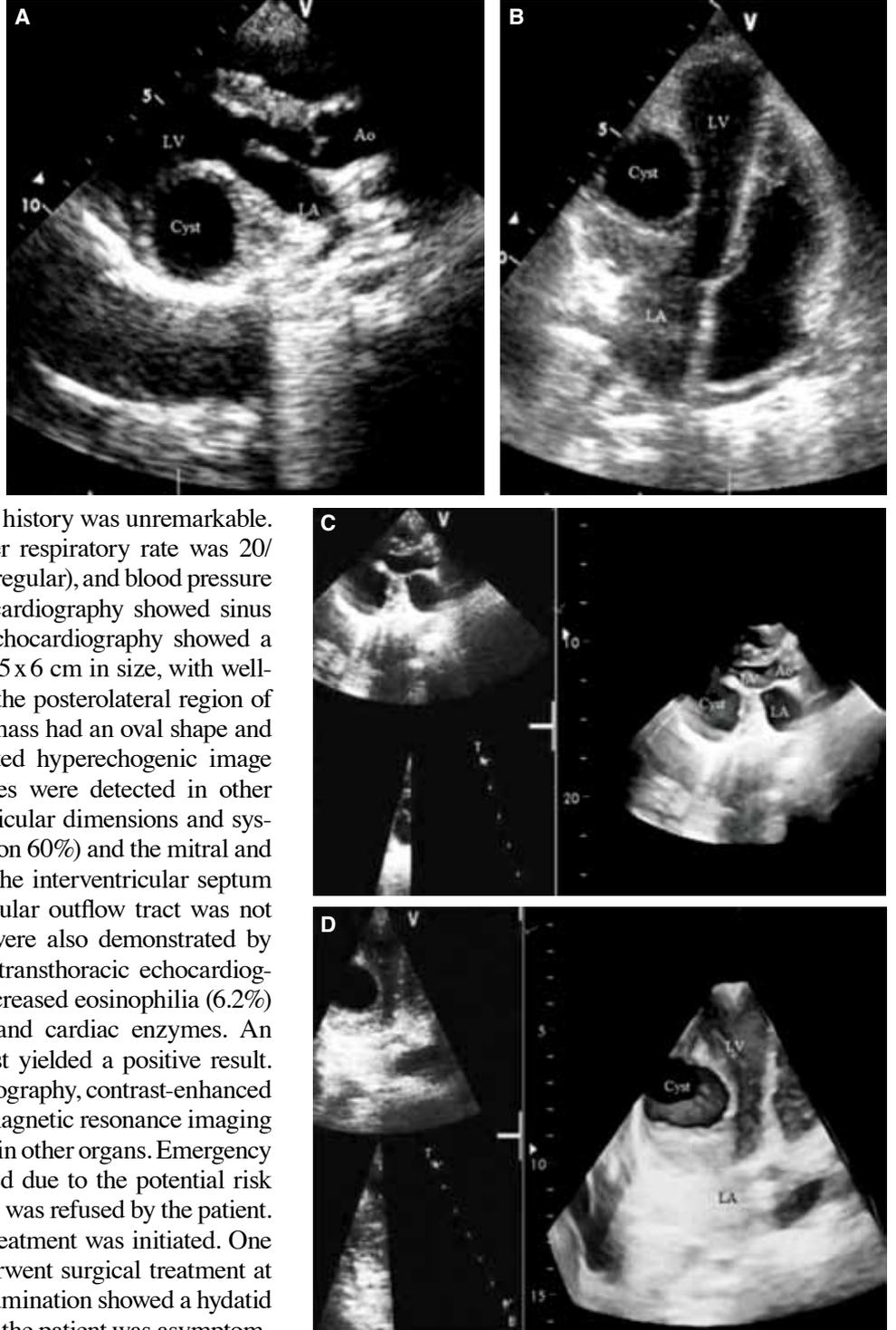


Symptomatic isolated giant hydatid cyst in the posterolateral region of the left ventricle *Sol ventrikül posterolateral bölgesinde semptomatik, büyük ve izole hidatid kisti*

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A 16-year-old female presented with a three-week history of progressive dyspnea, abdominal distention, and fatigue. Her past medical history was unremarkable. On physical examination, her respiratory rate was 20/min, pulse rate was 102/min (regular), and blood pressure was 120/80 mmHg. Electrocardiography showed sinus tachycardia. Transthoracic echocardiography showed a unilocular giant cystic mass, 5 x 6 cm in size, with well-defined margins attached to the posterolateral region of the left ventricle. The cystic mass had an oval shape and manifested as an encapsulated hyperechogenic image (Fig. A, B). No abnormalities were detected in other cardiac structures. Left ventricular dimensions and systolic functions (ejection fraction 60%) and the mitral and aortic valves were normal. The interventricular septum was free and the left ventricular outflow tract was not obstructed. These findings were also demonstrated by real-time three-dimensional transthoracic echocardiography (Fig. C, D). She had increased eosinophilia (6.2%) and normal levels of liver and cardiac enzymes. An indirect hemagglutination test yielded a positive result. A detailed scan with ultrasonography, contrast-enhanced computed tomography, and magnetic resonance imaging did not show any hydatid cyst in other organs. Emergency cardiac surgery recommended due to the potential risk for rupture of the cystic lesion was refused by the patient. Albendazole (800 mg/day) treatment was initiated. One month later, the patient underwent surgical treatment at another center. Pathologic examination showed a hydatid cyst. At the three-month visit, the patient was asymptomatic with improved functional capacity. (Presented at the 26th National Congress of Cardiology, October 21-24, 2010, İstanbul)



Figures. (A, B) Two-dimensional and (C, D) three-dimensional transthoracic echocardiographic parasternal long-axis and apical four-chamber views, respectively, showing a hydatid cyst located in the posterolateral region of the left ventricle.