A 55-year-old woman who lived in a village was admitted with dyspnea that had begun over 3 months prior. Initial examination was unremarkable. Chest x-ray and 12-lead electrocardiogram were normal. Transthoracic echocardiography (TTE) was performed. Two-dimensional and 3-dimensional echocardiogram showed presence of a large intramural cystic mass attached to the posterolateral wall of the left ventricular cavity. No significant blood flow into the cyst was observed on Doppler echocardiography (Figures). Subsequently, a serological test for specific Echinococcus antibodies was performed, the result of which was consistent with Echinococcus granulosus. Ultimately, the patient was referred to cardiac surgery for resection of cyst, with diagnosis of cardiac cyst hydatid. In spite of advice, the patient refused surgical treatment. Albendazole 800 mg/day was prescribed. Echo monitoring every 6 months was recommended.

Hydatid cysts may locate in any organ and present with various non-specific symptoms. Therefore, cardiac cyst hydatid should always be kept in mind when patients from endemic areas present with cardiac or paracardiac cystic masses and complain of non-specific cardiac symptoms.

Figures—TTE showing large intramural cystic mass in the posterolateral left ventricular wall (white stars). (A) Parasternal long-axis view, (B) parasternal short-axis view. (C) Doppler echocardiogram showing no color flow into the cystic cavity. (D) Three-dimensional echocardiogram showing cystic mass in the posterolateral left ventricular wall (black star). *Supplementary video files associated with this presentation can be found in the online version of the journal.