

**Chest X-ray in a hypertensive patient with stage 2 diastolic dysfunction****Evre 2 diyastolik disfonksiyonu bulunan hipertansif bir hastada akciğer grafisi****P. 446****Right answer:** 3. Hydatid cyst

Her chest X-rays and thorax CT were evaluated again. There was a cystic mass located at the right major fissure.

Albendazol treatment was initiated preoperatively. The patient was operated after 6 weeks of treatment. Cyst excision was performed with right thoracotomy and wedge resection. Perioperative diagnosis was also cyst hydatid. There was no perioperative complication occurred. The pathological specimen was showed lamellar cuticular membrane, active-chronic inflammation and fibrosis which were relevant for cyst hydatid diagnosis. The remaining hospital stay was uneventful and patient was discharged with albendazol treatment. Cyst hydatid, a clinical entity endemic in many sheep- and cattle-raising areas, is still an important health problem in the world. Extrapulmonary location of cysts in the thorax is rare. Cysts in pleural fissures were indeed attached by a thin pedicle to the visceral pleura (1, 2). Surgery to obtain a complete cure is the treatment of choice for most patients with intrathoracic

but extrapulmonary cysts; excision must be done without delay to avoid or relieve compression of surrounding vital structures (3). Distinguishing hydatid disease from other pathologies like phantom tumor may be extremely difficult, even with CT. Due to uncontrolled hypertension and diastolic dysfunction in our patient may cause to suspect from diastolic heart failure and cystic mass as phantom tumor. The clinical presentation of the patient, physical findings and imaging techniques like chest-X-ray, ultrasonography and CT may be helpful in correct diagnosis. In addition, surgical excision and pathological examination confirm the diagnosis in these patients.

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**References**

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