

Case images

Olgu görüntüsü

Cardiac hydatid cyst presenting as double-chambered left ventricle

Çift odacıklı sol ventrikül görünümü veren kardiyak kist hidatik

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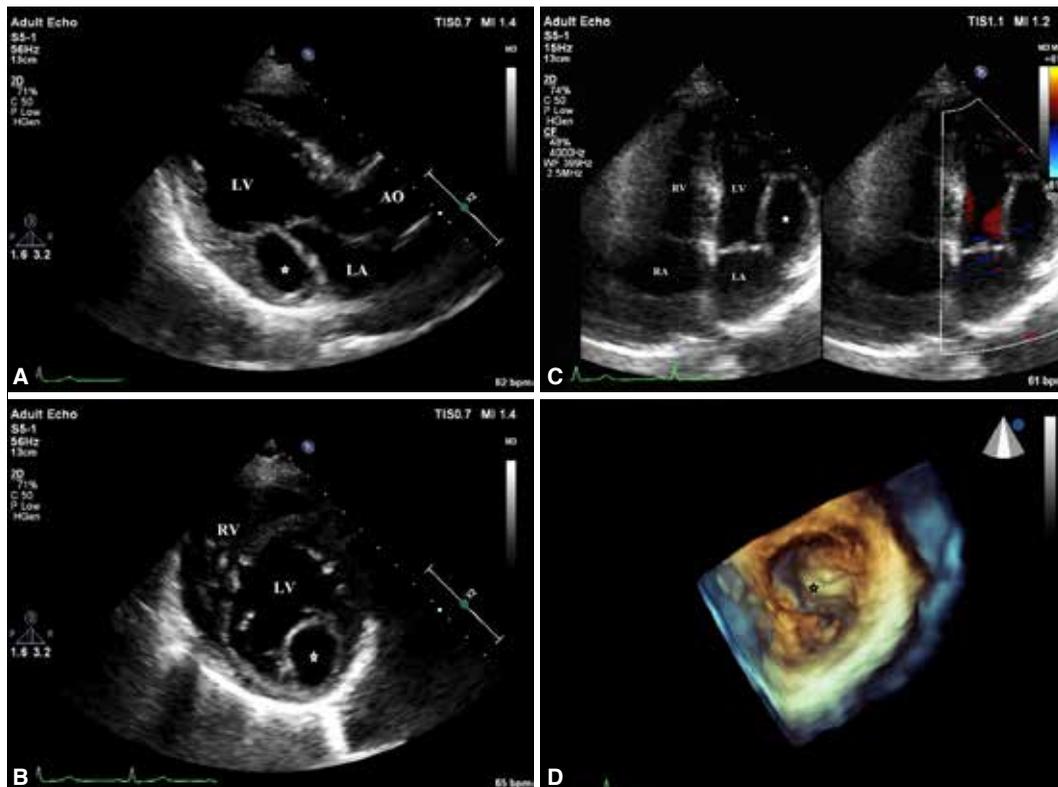
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A 55-year-old woman who lived in a village was admitted with dyspnea that had begun over 3 months prior. Initial examination was unremarkable. Chest x-ray and 12-lead electrocardiogram were normal. Transthoracic echocardiography (TTE) was performed. Two-dimensional and 3-dimensional echo-

cardiogram 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.