

Hydatid Cyst in Interventricular Septum

Sir,

Hydatid disease is a parasitic infection caused by the larval or adult form of the *Echinococcus granulosus* tapeworm. It can affect any organ of body but cardiac involvement is unusual (0.05% to 2% of all cases).^[1-7]

A 43-year-old man presented with 6-month history of chest pain and dyspnea. The patient has had occasional contact with dogs. The clinical examination was without particularities. Hematologic tests showed a high eosinophil count. Axial contrast-enhanced thoracic computed tomography (CT) scan image [Figure 1], and axial fat-suppressed T2-weighted magnetic resonance imaging (MRI) [Figure 2] showed a cystic lesion in the interventricular septum with partial wall calcification (red arrow) and few peripheral daughter cysts (white arrow). Serological test revealed elevated anti-echinococcus IgG antibody in the patient's blood. The diagnosis of hydatid cyst of the interventricular septum was done. Hydatid disease is a parasitic infection caused by the larval or adult form of the *E. granulosus* tapeworm, it can affect any organ of body but the cardiac involvement is unusual (0.05% to 2% of all cases). The patient underwent a combination of surgical resection, washout of the remaining cavity

with hypertonic saline solution, and albendazole therapy for 12 weeks postoperatively. Follow-up examinations by repeat echocardiography did not find any cardiac abnormalities or sign of recurrences.

Complications of hydatid cyst removal can be fatal and may include sudden death due to ventricular arrhythmias caused by the ventricular incision, myocardial rupture, ventricular arrhythmias, and atrioventricular block, which requires pacemaker implantation.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.



Figure 1: Axial contrast-enhanced thoracic computed tomography (CT) scan image, showed a cystic lesion in the interventricular septum with partial wall calcification (red arrow) and few peripheral daughter cysts (white arrow)

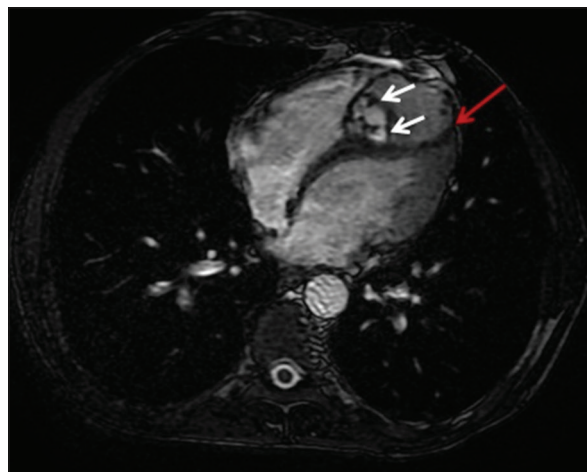


Figure 2: Axial fat-suppressed T2-weighted magnetic resonance image showed multi-vesicular cystic lesion (white arrows) with hypointense wall which corresponded to partial wall calcifications (red arrow)

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