

A man having ‘cyst’ in the ‘cyst’!

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Key message

Hydatid disease is a zoonotic parasitic infestation caused by tapeworms, particularly *Echinococcus granulosus*. The lung is the second most site followed by liver accounting for 10%–30% of the cases. Rupture of hydatid cyst can occur into pleura or bronchus. Surgery remains the mainstay of treatment for pulmonary hydatid.

KEYWORDS

cavity, hydatid cyst, infection, left lower lobe

CLINICAL IMAGE

A 45-year-old man, previously well, presented with 2 months of cough with scanty hemoptysis. He denied fever, chest pain or systemic symptoms. At admission, blood tests showed: Hb 11.5gm/dL, Platelets $304 \times 10^9/L$, white blood cells $13.5 \times 10^9/L$ Neutrophils 61.4%, Lymphocytes 21.6%, Eosinophils 6.7%, CRP 30.10 mg/L,

Liver and kidney function tests, Procalcitonin and electrolytes: Normal. Chest radiograph is shown in Figure 1.

Computed tomography (CT) scan showed a large cystic structure of $6.3 \times 5.5 \times 9.3$ cm, with an enhancing wall in the left lower lobe. There was communication between posterobasal segment of left lower lobe and the cyst. Several linear areas of increased attenuation noted within the cyst in

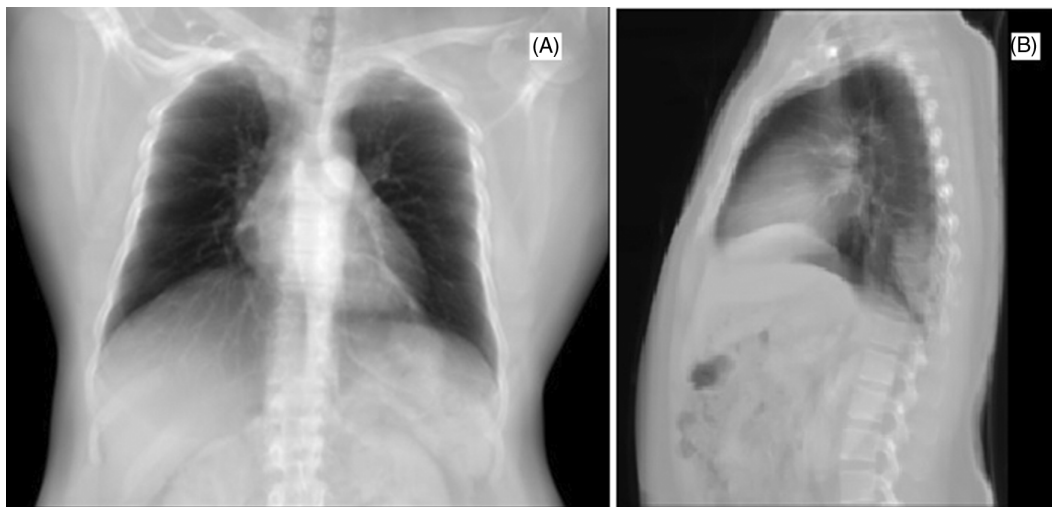


FIGURE 1 (A) Chest radiograph showing left lower zone cavity with fluid level and surrounding consolidation. (B) Lateral chest x-ray showing posterior basal segment air fluid level.

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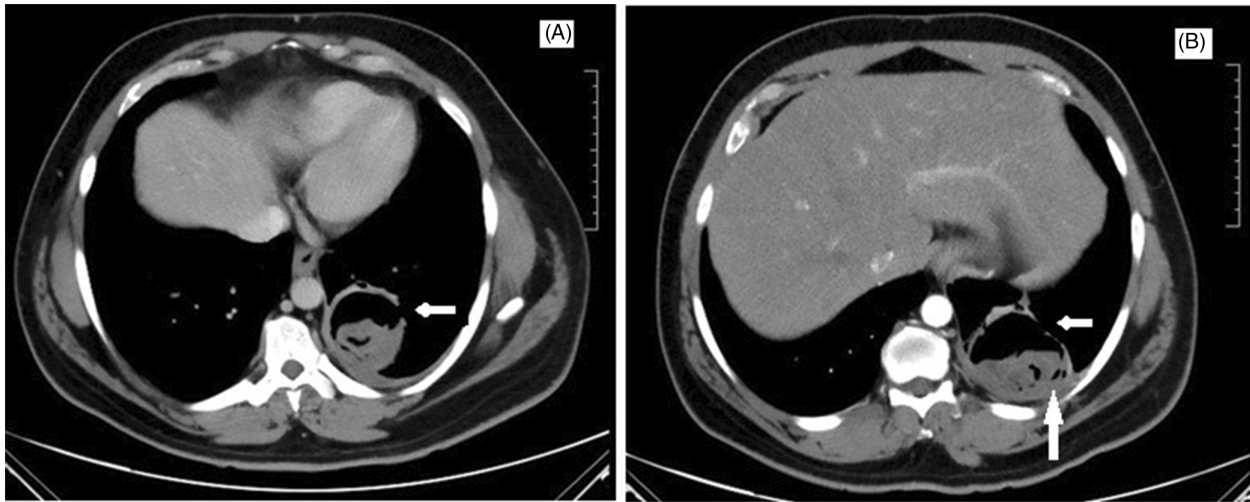


FIGURE 2 (A) CT scan axial section showing left lower lobe cystic lesion with intra cystic material, probably ruptured hydatid cyst. (B) Ruptured cyst causing effusion, visualized liver shows absence of any cyst in the liver.

its dependent portion, which could represent ruptured cysts (Figure 2A,B).

Left lower lobe hydatid cyst, classical water lily represents freely floating endocyst. We would like to highlight that there was no liver involvement, serology tests were not performed and the patient did not belong to endemic area.

The patient underwent video assisted thoroscopic left lower lobectomy. Diagnosis of hydatid cyst was confirmed histopathologically. He was given albendazole 400 mg twice daily started 4 days before surgery and continued for 4 weeks post operatively. He recovered fully and is doing well.

AUTHOR CONTRIBUTIONS

Conceived and designed: AM. *Investigation and data collection:* DS/GR. *Editing:* AM, GR.

CONFLICT OF INTEREST STATEMENT

None declared.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

ETHICS STATEMENT

The authors declare that appropriate written informed consent was obtained for the publication of this manuscript and accompanying images.

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