

Images in Clinical Tropical Medicine

Disseminated Intra-Abdominal Hydatidosis

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Abstract. We present the case of a 26-year-old male Peruvian patient who presented with disseminated intra-abdominal hydatidosis. The patient was treated with surgical removal of the cysts and prolonged medical treatment with albendazole.

A 26-year-old male patient from the highlands of Peru was admitted with a 2-month history of early satiety, nausea, and progressive dyspnea. The physical examination showed decreased breath sounds on the left lung and abdominal distention with multiple painless palpable masses. The chest X-ray showed a well-defined rounded cystic pulmonary lesion located in the left lower lobe (Figure 1A). The abdominal computed tomography scan revealed multiple thin-walled abdominal

cystic lesions in the liver and spleen and within the abdominal cavity (Figure 1B and C). A serum Western blot test was positive for hydatidosis. Multiple hydatid cysts were surgically removed (Figure 1D). The patient was treated with a prolonged course of albendazole with good clinical evolution.

Hydatidosis caused by *Echinococcus granulosus* remains a major public health problem in developing countries. Disseminated intra-abdominal hydatidosis is an infrequent condition

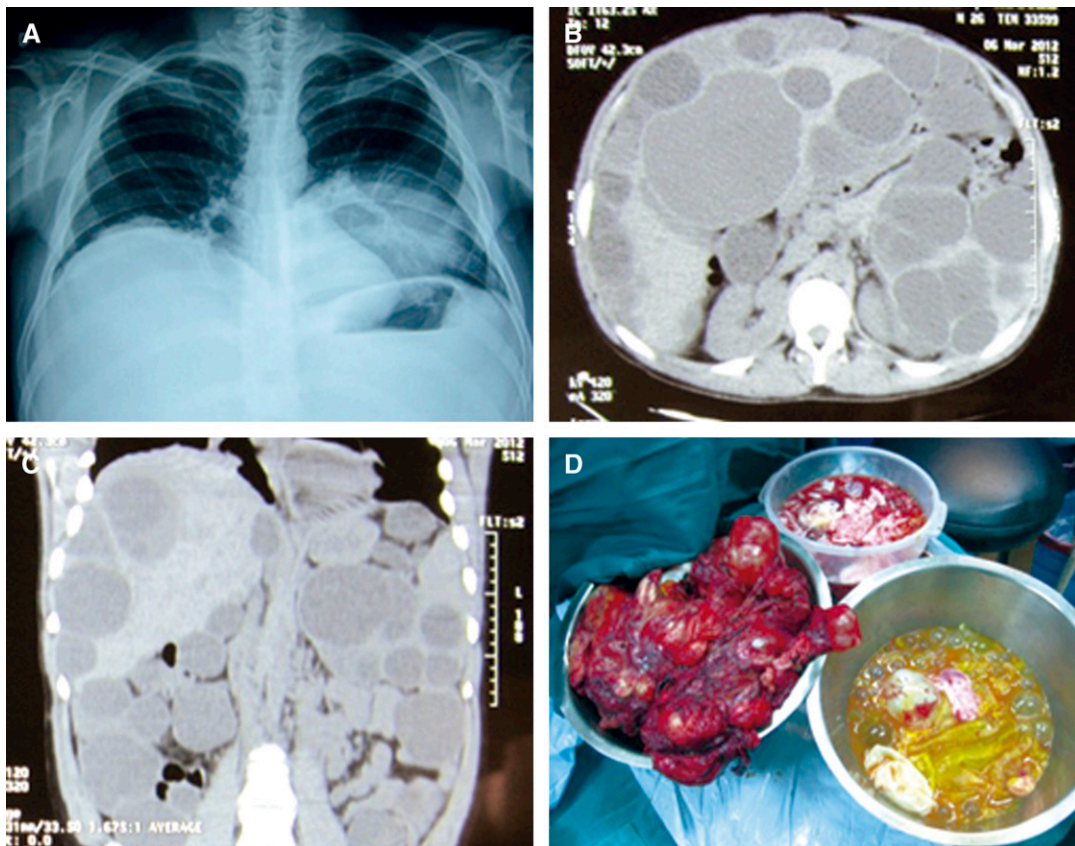


FIGURE 1. (A) Rounded cystic lesion located on the left lobe of the lung. (B) Multiple intra-abdominal cystic lesions. (C) Multiple intrahepatic, splenic, and intra-abdominal cystic lesions. (D) Macroscopic aspect of surgically removed intra-abdominal hydatid cysts.

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that usually results from the rupture of a liver cyst, with subsequent seeding of protoscolices in the abdominal cavity.¹ There is no standard treatment for this disorder; careful surgical removal of the cysts and prolonged medical treatment with albendazole with or without praziquantel are recommended.²

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