

A case of an atypically located cardiac hydatid cyst

Thirty five year old female patient with complaints of chest pain, numbness in the left arm and presyncope was admitted to the cardiology clinic. There were no significant findings on cardiac examination. Electrocardiography (ECG) revealed T negativity in leads aVL, D1 and V1-5. Her blood tests were creatinine: 1.1 mg/dL, BUN: 33, Na: 144 mmol/L, K: 4.4 mmol/L, glucose: 110 mg/dL, pro-BNP: 117 pg/mL, FT4: 14, TSH: 2.34, AST: 16 U/L, ALT: 14 U/L, LDH: 266 U/L, CRP: 3 mg/L, sedimentation rate: 32 mm/h, hs-troponin: 6 pg/mL (<13 pg/mL), Hgb: 12.6/dL, WBC 7,400/mm³, platelets: 296,000 mm³. Three dimensional transthoracic and transoesophageal echocardiography of the patient revealed a cystic mass in size of 4.6 x 4.2 cm in the interventricular septum (Video 1, Fig. 1, 2).

A preliminary diagnosis of hydatid cyst was thought so indirect hemagglutination test was requested and it resulted as positive. In Cardiac MRI,

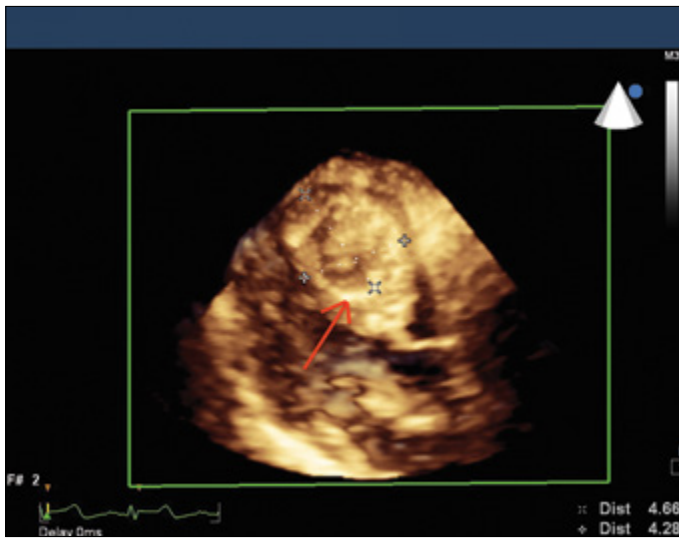


Figure 1. Parasternal long axis view of 3D transthoracic echocardiography revealed a cystic mass in size of 4.6 x 4.2 cm in the interventricular septum (Red arrow pointing cystic mass)

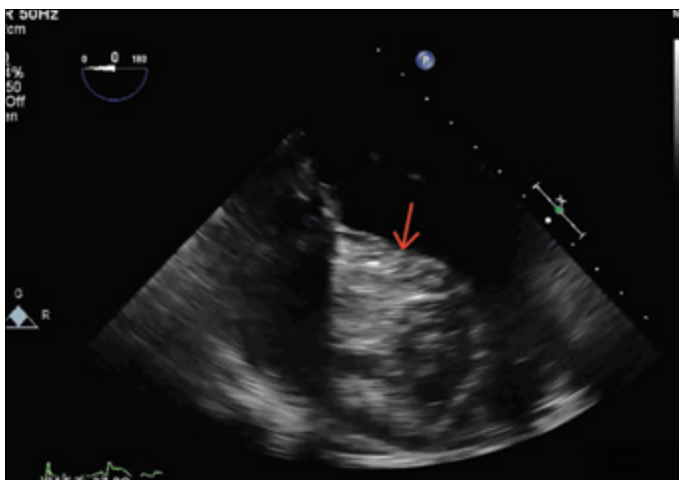


Figure 2. Mid oesophageal 0 degree view of transoesophageal echocardiography revealed a cystic mass in the interventricular septum (Red arrow pointing cystic mass)

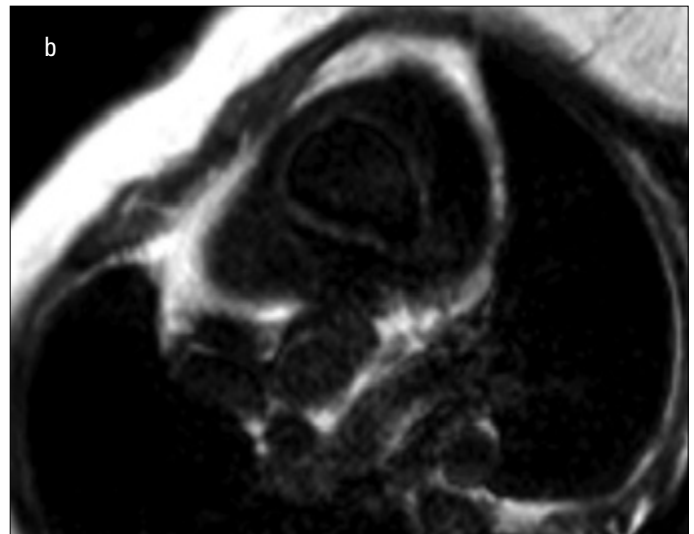
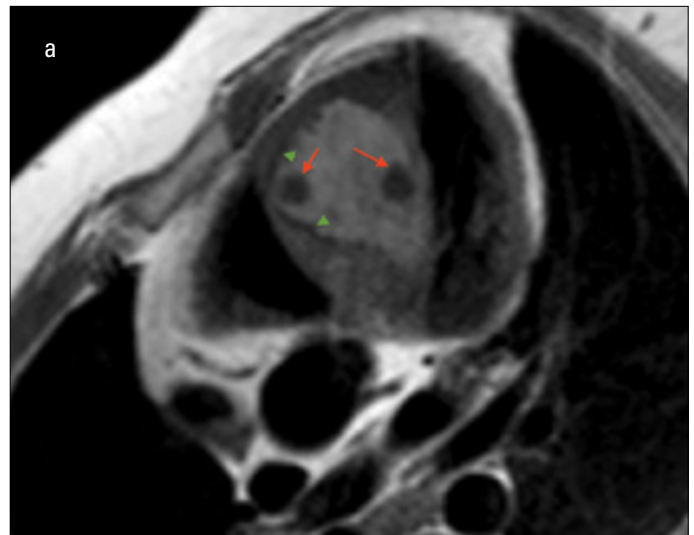
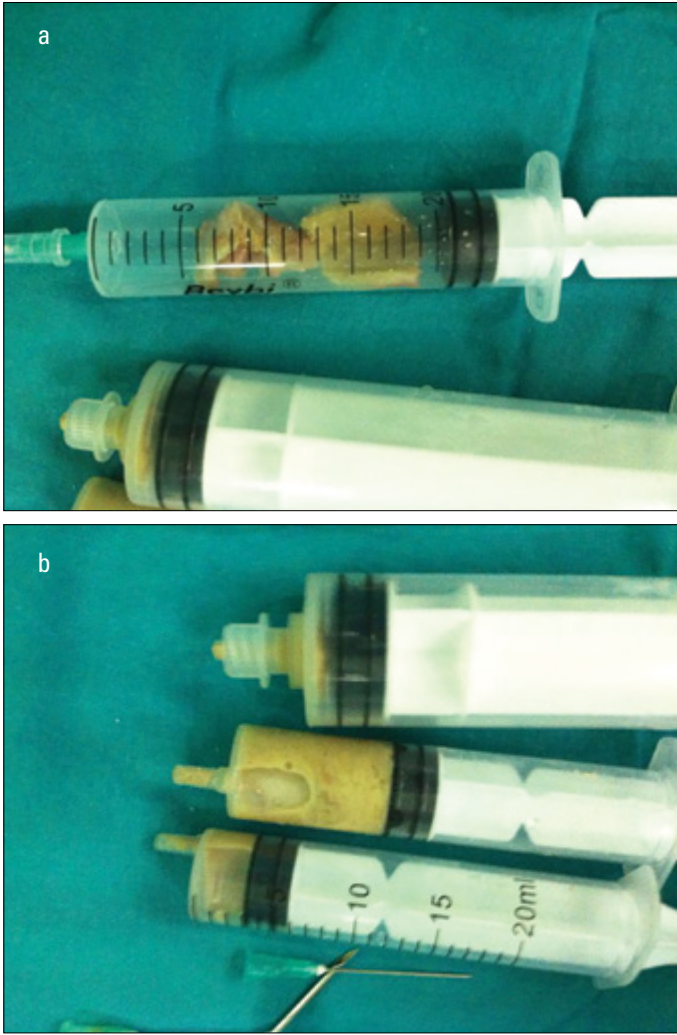


Figure 3. a, b. Cardiac MRI showed a cystic mass which was located in the interventricular septum and 5X4X3 cm in size. It was showing peripheral contrast enhancement and a few pieces of cystic spaces that had the largest 1.5 cm in size which was compatible with hydatid cysts (Red arrows pointing cystic spaces in cystic mass, green arrow heads pointing peripheral contrast enhancement)



Figure 4. Peroperative view of cystic mass



E-mail: samim03@hotmail.com

©Copyright 2015 by Turkish Society of Cardiology - Available online at www.anatoljcardiol.com

DOI:10.5152/AnatolJCardiol.2015.6548

Figure 5. a, b. Resection materials in syringes were sent for pathological examination

there was a cystic mass which was located in the interventricular septum and 5 x 4 x 3 cm in size. It was showing peripheral contrast enhancement and a few pieces of cystic spaces that had the largest 1.5 cm in size which was compatible with hydatid cysts (Fig. 3, 4).

The patient was given to the operation to get surgical excision. Postoperatively, patients had no problem and as pathological examination of the material removed with surgery (Fig. 5-7), cardiac hydatid cyst diagnosis was confirmed.

Video 1. Parasternal long-axis view of transthoracic echocardiography revealed a cystic mass in the interventricular septum.

Farrukh Bayramov, Samim Emet, Mubariz Dadashov, Berrin Umman, Zehra Buğra

Department of Cardiology, İstanbul Faculty of Medicine, İstanbul University; İstanbul-Türkiye

Address for Correspondence: Dr. Samim Emet
İstanbul Üniversitesi İstanbul Tıp Fakültesi,
Kardiyoloji Bölümü, İstanbul-Türkiye
Phone: +90 532 665 26 72
Fax: +90 212 414 20 00