

A giant renal artery aneurysm presenting as a calcified hydatid cyst

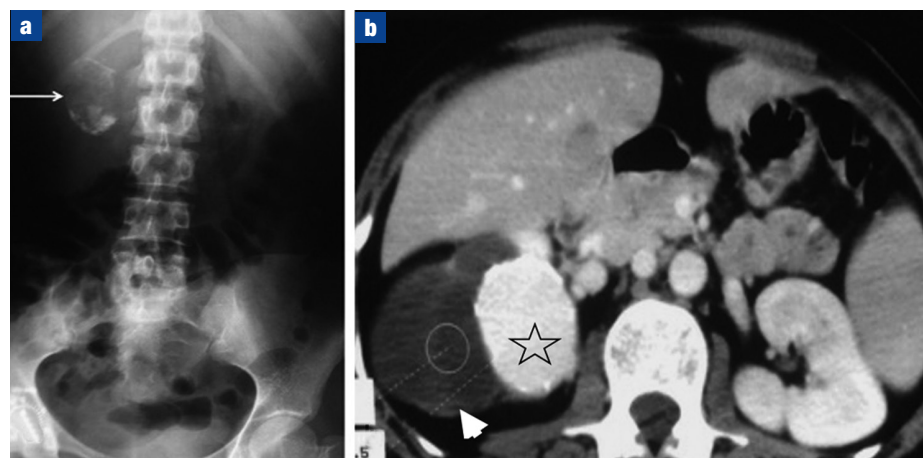
A 30-year-old woman with a history of hydatid cyst disease was admitted to clinic with pain in her right flank. Urinary system radiography was performed and there was an opaque, well-defined lesion on the right upper quadrant (*Figure 1a*). Given the patient's history, the primary diagnosis was a calcified liver hydatid cyst and the patient was discharged.

A few days later she returned to clinic with the same symptoms and persistent

haematuria. Computed tomography revealed a complex renal cystic lesion measuring 5x4.5 cm in size. There were no daughter cysts or significant wall structure, and there was significant contrast enhancement in the lesion after intravenous contrast administration (*Figure 1b*).

Digital subtraction angiography was performed; a lesion in the dorsal branch showed significant arterial flow and was identified as a calcified renal artery aneurysm. In patients presenting with calcified masses, aneurysms as well as hydatid cysts should be considered in the differential. **BJHM**

Figure 1. a. Urinary system radiography shows an opaque, well-defined lesion (arrow) on right upper quadrant. **b.** Computed tomography shows the lesion (star), marked contrast enhancement on the upper pole of right kidney which had wall calcifications and a hypodense simple cyst (arrowhead) nearby.



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