

## Primary hydatid disease of the ulna

Zakir Sakci<sup>1</sup>

Kutsi Tuncer<sup>2</sup>

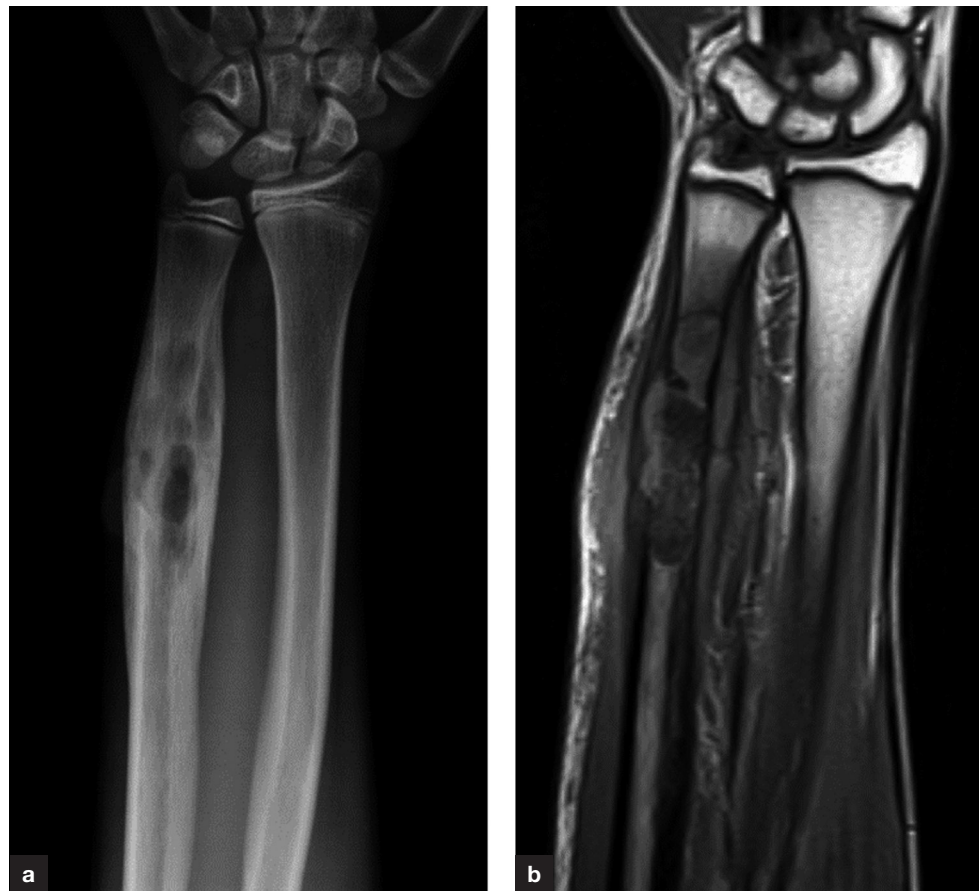
Hayri Ogul<sup>3,4</sup>

Author details can be found at the end of this article

Correspondence to:

Hayri Ogul;  
drhogul@gmail.com

A 15-year-old boy was referred to the authors' clinic with a complaint of swelling and pain in the right forearm for about 3 months. X-ray showed an expansive radiolucent lesion on the distal diaphyseal region of the right ulna (**Figure 1a**). Magnetic resonance imaging confirmed a cystic lesion with endosteal scalloping (**Figure 1b**). Radiological examination of the liver and lungs were normal. A diagnosis of osseous hydatid disease was confirmed by pathology. Primary echinococcus infection of bone without other organ involvement is rare. The spine, femur, tibia, humerus, skull and ribs are common osseous locations of infection (Abramson et al, 2013) – ulnar involvement is very rare.



**Figure 1.** a. X-ray showing an expansive radiolucent lesion on the distal diaphyseal region of the right ulna. b. Pre-contrast coronal magnetic resonance image revealing the cystic lesion with endosteal scalloping.

### Author details

<sup>1</sup>Department of Radiology, Umraniye Training and Research Hospital, Istanbul, Turkey

<sup>2</sup>Department of Orthopedic Surgery, Medical Faculty, Ataturk University, Erzurum, Turkey

<sup>3</sup>Anesthesiology, Clinical Research Office, Ataturk University, Erzurum, Turkey

<sup>4</sup>Department of Radiology, Medical Faculty, Ataturk University, Erzurum, Turkey

### How to cite this article:

Sakci Z, Tuncer K, Ogul H. Primary hydatid disease of the ulna. *Br J Hosp Med.* 2021. <https://doi.org/10.12968/hmed.2020.0532>

### Reference

Abramson AD, Barger RL, O'Hora KT, Dulai MS. AIRP best cases in radiologic-pathologic correlation: primary echinococcus infection of the femur. *Radiographics.* 2013;33(4):989–994. <https://doi.org/10.1148/rg.334125197>