

A rare cause of the silhouette sign on a lung X-ray: diaphragmatic hydatid cyst

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A 29-year-old female presented with a complaint of left upper quadrant pain. She had a chest X-ray that showed a well-defined opacity forming a silhouette with the left diaphragm (**Figure 1**). Contrast-enhanced thorax computed tomography was performed, which showed a thick-walled, non-enhancing cystic lesion, approximately 15 mm diameter, in the left diaphragm protruding into the lung parenchyma (**Figures 2a** and **b**). The lesion was surgically removed. Histopathological diagnosis confirmed this to be a hydatid cyst.

Hydatid cysts are caused by infection with the *Echinococcus* parasite. They most commonly involve the liver and lungs. Diaphragmatic involvement is very rare, with only a few cases in the literature (Salih et al, 2016). The silhouette sign – the erasure of sharp borders on the X-ray because adjacent structures have the same opacity – provides information about the presence and location of pathology. Hydatid cyst disease can be asymptomatic and clinical presentations vary depending on the size and location of the cyst. Anaphylaxis and even death may occur as a result of cyst rupture.

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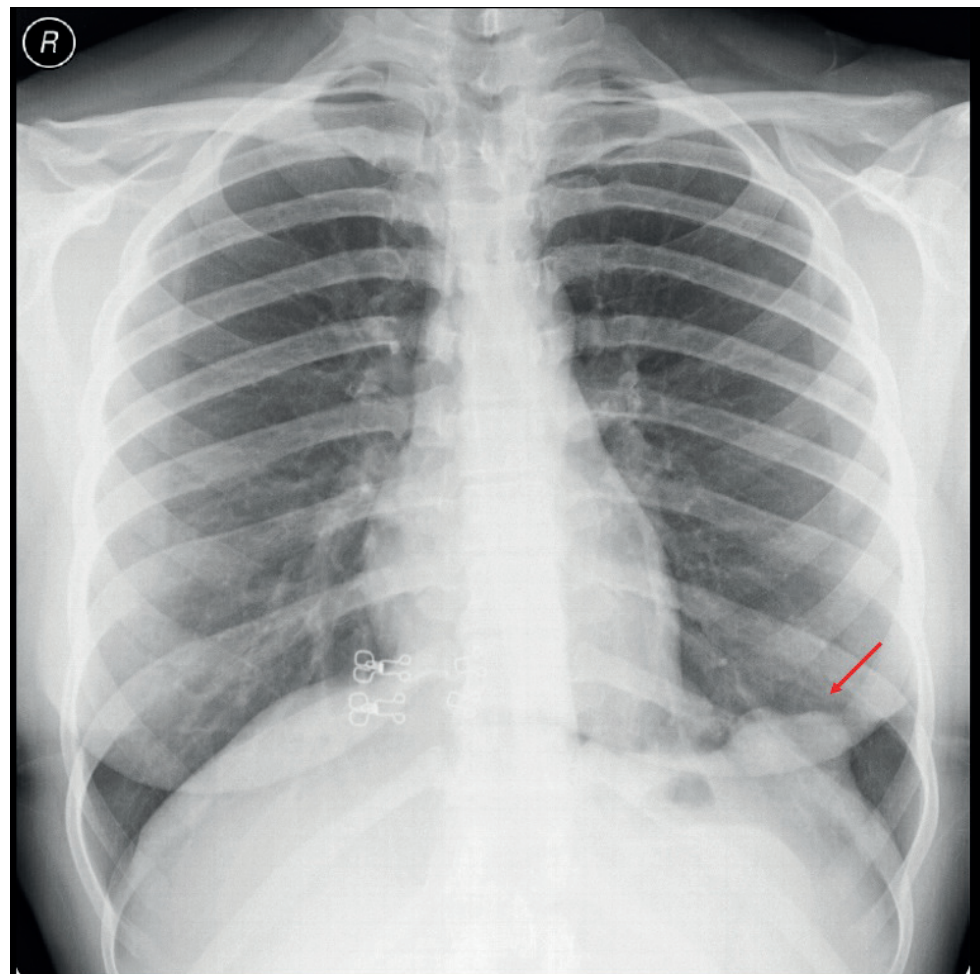


Figure 1. Chest X-ray showing a well-defined opacity silhouetted by the diaphragm on the left (thin red arrow).

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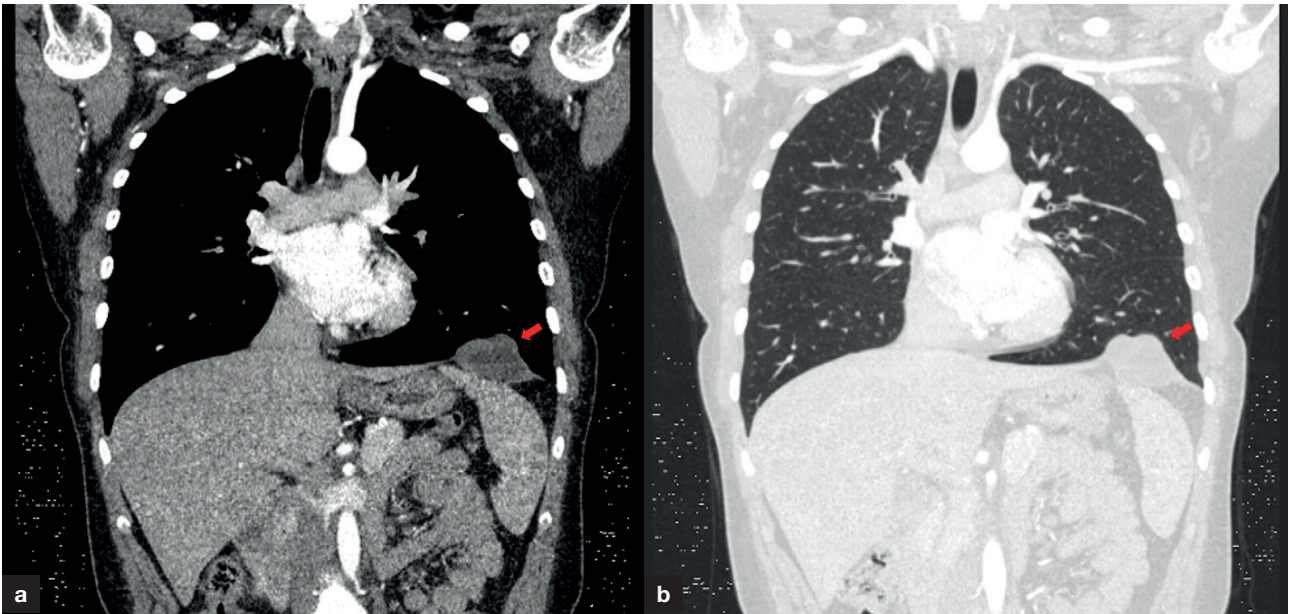


Figure 2. a. Contrast-enhanced thorax computed tomography shows a thick-walled cystic lesion in the left diaphragm in the mediastinal window (thick red arrow). b. The same lesion is seen in the lung window (thick red arrow).

Reference

Salih AM, Kakamad FH, Rauf GM. Isolated hydatid cyst of the diaphragm, a case report. *Int J Surg Case Rep.* 2016;29:130–132. <https://doi.org/10.1016/j.ijscr.2016.10.071>