

Hydatid cyst in multiple locations

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A 79-year-old woman presented with chest pain. Thoracic computed tomography imaging showed hydatid cysts present in six different tissues (Figure 1). The patient was treated with albendazole.

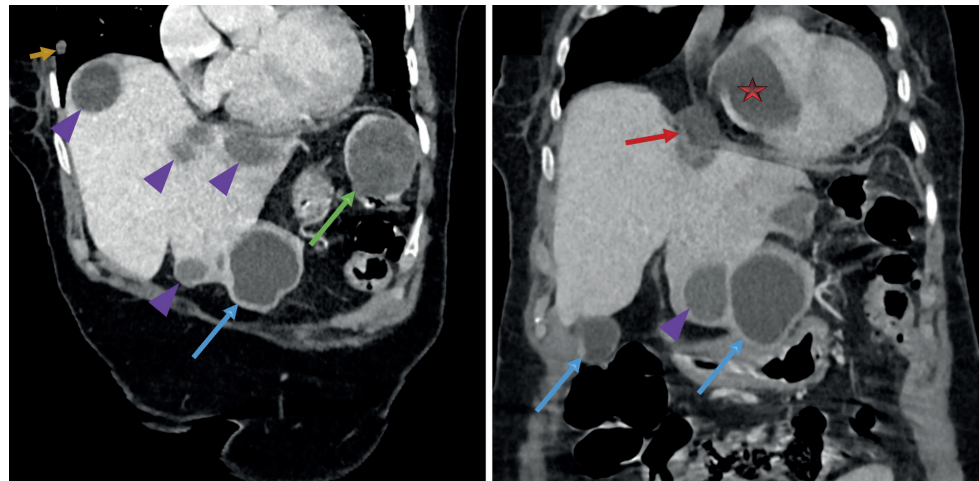


Figure 1. Computed tomography coronal thoracoabdominal images showing multiple hydatid cysts in the liver (arrowheads), spleen (green arrow), extracapsular-peritoneal adjacent to the liver (blue arrows), right hemidiaphragm (red arrow), right ventricle (star), and right lung (short yellow arrow).

Hydatid cysts are caused by ingesting *Echinococcus granulosus* eggs. They pose a significant health problem worldwide. Cysts are most commonly found in the liver and lungs – approximately 95% of cases involve at least one of the liver and lung (Aydin et al, 2021). Involvement of other body parts is rarer, with hydatid cysts reported in the spleen (2.36%), omentum (0.91%), heart (0.58%) and diaphragm (0.55%) (Aydin et al, 2021). The primary treatment for hydatid cysts is surgery, although albendazole treatment can be given in cases where surgery is not possible, such as if there is comorbidity or widespread involvement of the cyst (Aydin et al, 2022). Although hydatid cysts are benign and their treatment is generally accessible in endemic areas, they can cause clinically life-threatening conditions.

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