

# Ischial expansile lytic lesion: musculoskeletal hydatid disease

Gökhan Tonkaz<sup>1</sup>

Mehmet Tonkaz<sup>1</sup>

Uluhan Eryuruk<sup>1</sup>

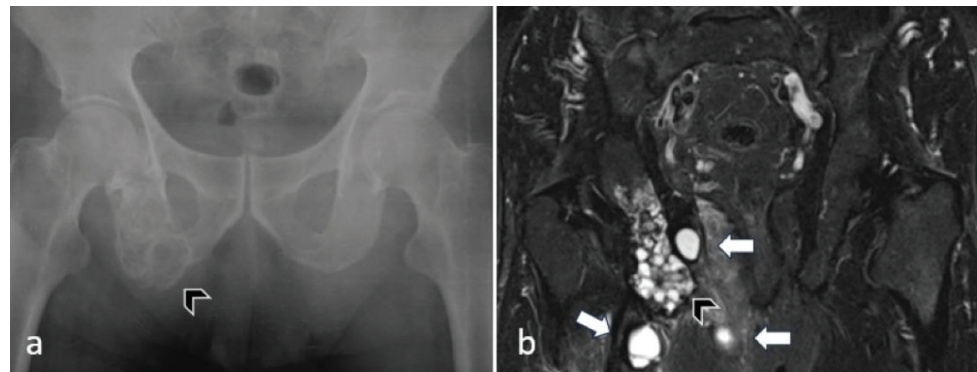
Serdar Aslan<sup>1</sup>

Tumay Bekci<sup>1</sup>

Author details can be found at the end of this article

**Correspondence to:**  
Gökhan Tonkaz;  
gokhantonkaz@gmail.com

An expansile lytic lesion was observed in the right ischium on the pelvic AP radiograph of a 47-year-old male patient who had intermittent thigh pain for the last few months (**Figure 1a**, arrowhead). In pelvic magnetic resonance imaging (MRI), areas compatible with daughter cysts were observed in the intramedullary area of the right ischium (**Figure 1b**, arrowhead) and in the perimuscular soft tissue adjacent to the ischium (**Figure 1b**, arrows). In the patient whose *Echinococcus* serology was positive, percutaneous aspiration of the cyst was performed under albendazole medical treatment and the result was compatible with hydatid cyst. Musculoskeletal hydatid cysts are extremely rare, accounting for only 0.5–4% of cases (Tonkaz et al, 2019). Hydatid cysts should be included in the differential diagnosis of bone lesions from endemic countries. MRI is particularly useful in both diagnosing the disease and showing its extent.



**Figure 1.** Musculoskeletal hydatid cyst. a. Pelvic anteroposterior graph shows an expansile lytic lesion in the right ischium (arrowhead). b. Coronal STIR magnetic resonance scan shows daughter cysts in the right ischium's intramedullary area (arrowhead) and perimuscular soft tissue adjacent to the ischium (arrows).

## Author details

<sup>1</sup>Department of Radiology, Faculty of Medicine, Giresun University, Giresun, Turkey

## Reference

Tonkaz G, Sade R, Pirimoğlu B, Polat G. Primary hydatid cyst is in the tibialis posterior muscle. *Joint Bone Spine*. 2019;86(6):795. <https://doi.org/10.1016/j.jbspin.2019.05.003>

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