



Left Ventricular Hydatid Cyst

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A 38-year-old female patient was admitted to the hospital unit for appendectomy. On the first postoperative day, she presented progressive tachydispnea, diffuse crackles in the lungs and hypotension. Chest X-ray showing acute lung edema. Due to the absence of etiological factors confirming the reason for the complication, transthoracic echocardiogram was requested, which revealed cystic image with internal contents adhered to the left ventricular endocardium measuring 5.0 cm x 3.5 cm (Figures 1 and 2). Because of the echocardiographic

finding and because other diagnostic possibilities were ruled out, serology for echinococcus granulosus was requested, confirming the presence of cardiac hydatidosis (Figure 3).

Authors' contributions

Data acquisition: Andrade PYS; Manuscript drafting: Caracas DRS; Critical revision of the manuscript as for important intellectual content: Moreira MCS.

Potential Conflicts of Interest

There are no relevant conflicts of interest.

Sources of Funding

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Academic Association

This study is not associated with any graduate program.

Keywords

Echinoccosis; Serology; Echocardiography; Endocardium; Ventricular Dysfunction Left.

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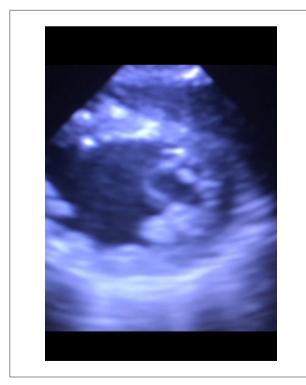


Figure 1 – Echocardiography of the left ventricle on the short axis.

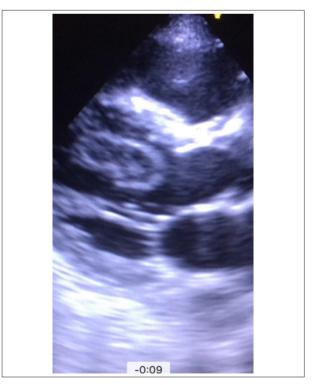


Figure 2 – Echocardiography of the parasternal longitudinal left ventricle.

ECHINOCCOCUS, TOTAL ANTIBODIES

Date of collection: 08/02/2017 11.25

Material: Blood

Method: Hemagglutination

Result: POSITIVE TITLE 1:320

Reference values: NEGATIVE: TITLE LOWER THAN 1:160 UNDETERMINED: TITLE EQUAL TO 1:160

POSITIVE: TITLE EQUAL TO OR HIGHER THAN 1:320

Figure 3 – Hemagglutination test for echinococcus.