



Hepatic-pulmonary disease

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1. Indication

A 42-year-old Colombian woman, who has lived her entire life on a farm, has a 12 years history of intermittent episodes of sharp left

thoracic pain, associated with cough and hemoptysis, for which she received several empiric antibiotics achieving little improvement. Now she was admitted for two months of fever, chills, malaise and non-specific upper abdominal pain. On physical examination, she was



Fig. 1. A. Contrast CT scan of the chest (axial view) showing big masses containing multiple small cysts in both hemithorax.

Fig. B Contrast CT scan of the abdomen (axial view) showing multiple cysts affecting segments II, [III and IV of the liver].

Fig. C Contrast CT scan of the abdomen (coronal view) showing multiple cysts affecting segments II, [III and IV of the liver].

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afebrile, anicteric, blood pressure 90/60 mmHg, pulse 90 per minute, no heart murmurs were heard, but in pulmonary auscultation, a decrease in respiratory sounds of the right lung field was found, and the abdominal examination revealed hepatomegaly and mild tenderness in her right upper quadrant. Her laboratory data was within normal ranges including liver function test.

2. What is the diagnosis?

2.1. Diagnosis

A contrast CT scan of the chest and abdomen (Fig. 1A, 1B and 1C) showed multiple hypointense images with a lobed contour and cystic appearance, affecting both hemithorax and liver parenchyma (segments II, III and IV), all consistent with hydatidic disease compromising the lungs and the liver. She was started on Albendazole 200 mg every 12 h, and was scheduled for hydatid cysts resection one week later. The patient cysts were removed in their entirety, with no spillage of their contents into thoracic or abdominal cavities. On histopathology examination *Echinococcus* spp. was found, and at follow-up visits, the patient had no residual symptoms or signs of recurrence.

Echinococcosis or hydatid disease is a parasitic zoonosis caused by cestode species of the genus *Echinococcus*, whose spectrum of clinical manifestations can vary from asymptomatic infection to death, being

the liver the most frequently affected organ [1]. The clinical manifestations of cystic echinococcosis are variable and are determined by the site, size, and condition of the cysts [2]. Surgical removal remains the treatment with the best potential to lead immediately to complete cure, but percutaneous management (puncture, aspiration, injection and re-aspiration) have been introduced as a promising new treatment, always associated with chemotherapy using benzimidazole antibiotics [3].

Conflict of interest statement

Both authors declare no conflicts of interest.

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