



A Giant Left Atrial Hydatid Cyst in a Patient Presenting with Sudden-Onset Breathlessness

Ani Nefes Darlığı ile Başvuran Hastada Dev Sol Atriyal Hidatik Kist

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ABSTRACT

Hydatid cysts rarely involve cardiac cavities and are mostly seen in the right chambers of the heart. The location of hydatid cysts in the left chambers of the heart is very harmful in terms of cerebrovascular risk. Herein, we report a case of a left atrial hydatid cyst which coexisted with a hydatid cyst in the liver. The patient was successfully operated on and discharged from the hospital on the fifth day after admission.

Keywords: Hydatid cyst, echocardiography
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ÖZET

Hidatik kistler nadien kalp boşluklarını tutabilir ve daha çok sağ kalp boşluklarında görülebilir. Hidatik kistlerin kalbin sol boşluklarını tutması serebrovasküler olay riski açısından çok tehlikelidir. Bu vakada biz karaciğer hidatik kistine eşlik eden sol atriyal hidatik kist vakasını sunduk. Hasta başarıyla ameliyat edildi ve hastaneye başvurunun 5. gününde salahlı taburcu edildi.

Anahtar Kelimeler: Hidatik kist, ekokardiyografi
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Introduction

Primary echinococcosis of the heart is exceptionally uncommon and is reported 0.5% to 2% in comparison with liver (70%) or lung (20%) involvement. Hydatid cysts are mostly seen in the right chambers of the heart. Hydatid cysts of the heart may remain asymptomatic. The clinical picture may vary from asymptomatic to congestive heart failure or drastic complications. The location of hydatid cysts in the left chambers of the heart is very harmful in terms of cerebrovascular risk.

Case Report

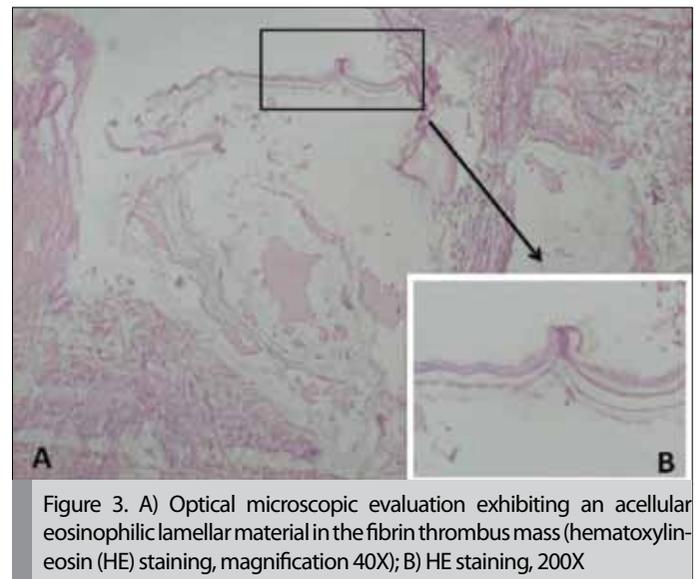
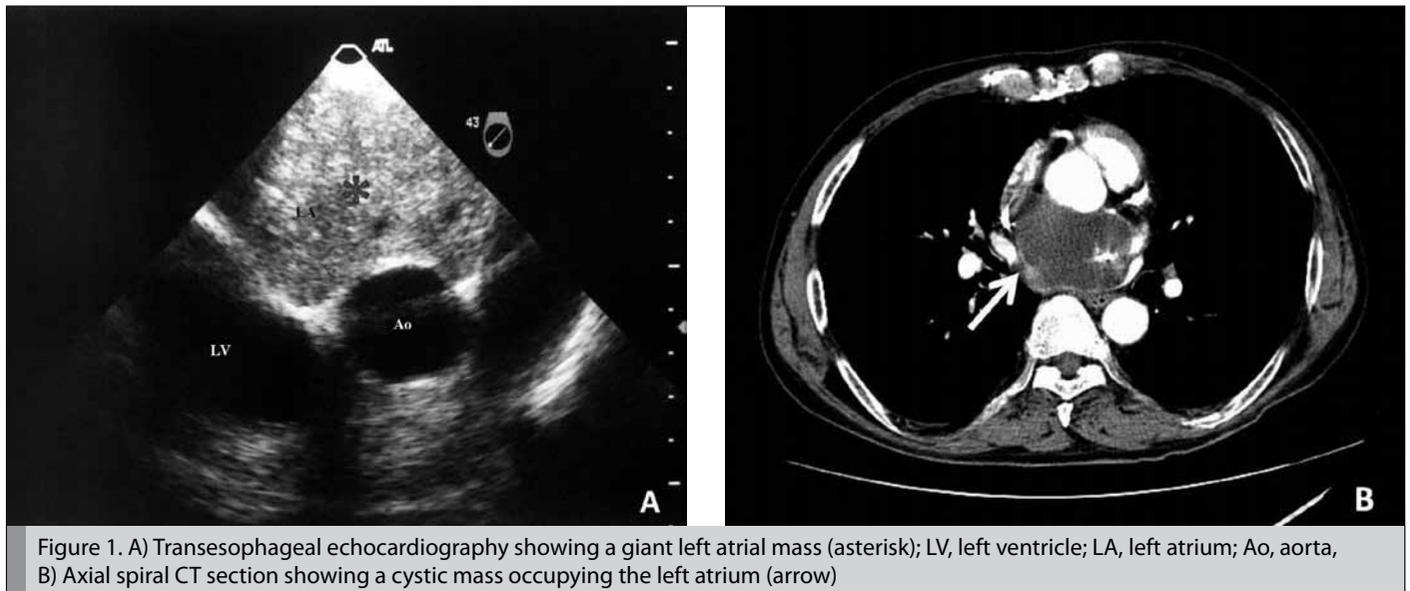
A 56-year-old man was admitted to the emergency department due to severe breathlessness. Upon physical examination, the patient appeared to be in moderate to severe respiratory distress. Auscultation of the heart revealed loud S1, diastolic murmur and presystolic accentuation pointing to signs of mitral stenosis. His heart rate was 118 beats per minute and regular; his blood pressure was 100/60 mmHg. His respiratory rate was 38 breaths per minute, with an oxygen saturation of 88% while breathing ambient air. Laboratory parameters were within normal limits. Additionally, echocardiography was performed which showed a large mass in the left atrium. Transesophageal echocardiography revealed a giant mass filling the left atrium (Figure 1A). Computed tomography also confirmed the presence of a left atrial mass, and a large hydatid cyst that occupied the left lobe of the liver was also found (Figure 1B and 2). The patient was referred to surgery and post-operative material was sent to pathology. Microscopically, it consisted of eosinophilic lamellar material and was considered to be a hydatid cyst (Figure 3A and B). Medical treatment with albendazole 400 mg per day was immediately initiated after surgical removal of the hydatid cyst.

Discussion

Cardiac presentation of hydatid cysts is rare as these cysts are mostly seen in the right chambers of the heart (1); pericardial, coronary sinus and left atrial involvement is very rare (2). The location of hydatid cysts in the left chambers of the heart is of ut-

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most importance because of the risk of cerebrovascular events and pulmonary edema. There is a report in the literature that presents stroke as a cause of cardiac hydatidosis (3). In our patient, the cardiac cyst originated in the left atrium and did not involve the mitral valve orifice area. Sometimes, left atrial myxomas may mimic a hydatid cyst or vice versa (4, 5). To the best of our knowledge, multi-organ involvement including the liver and left atrium simultaneously has not been described before.

Conclusion

Cardiologists should keep in mind that the diagnosis of echinococcosis must be considered in patients with a giant cardiac mass and other accompanying hydatid cysts need to be investigated.

Conflict of interest

No conflict of interest was declared by the authors.

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