



BMH Med. J. 2017;4(4):139-141 **Image in Clinical Medicine**

Primary Hydatid Cyst: An Unusual Cause Of A Mass In The Thigh

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Abstract

Hydatid disease is an endemic zoonotic infection that commonly affects the liver and the lung and rarely involves skeletal muscle of the upper and lower limbs. We report a rare case of a 45-year-old female presented with a hydatid cyst in the thigh, the diagnosis of presumption was made by ultrasonography and magnetic resonance imaging, and the lesion was removed surgically without recurrence at six months of follow-up. This uncommon affection should be considered in the differential diagnosis of lower limb cystic mass, especially when it occurs in endemic countries.

Keywords: Hydatid Cyst; Soft-Tissue Mass; Thigh

Echinococcosis or hydatid disease is an endemic zoonotic infection caused by *Echinococcus granulosus* in Mediterranean countries, Middle East, South America, Asia, and Australia [1]; it is still a healthcare problem in Morocco. Liver is the most common organ affected (45-75%), followed by the lung (10-50%) [2].

Soft-tissue hydatid disease of the skeletal muscle is rare accounting only for 3-5% of all cases [3] involving most frequently within the thoracic and abdominal wall [4]. Primary skeletal muscle hydatid cyst of the upper and lower limbs are extremely rare, it may mimic a solid soft-tissue mass (abscess, sarcoma, calcified hematoma) [5].

The diagnostic is made on radiological examination and biopsy must be avoided because of the risk of dissemination or anaphylactic shock. Surgical excision remains the mainstay of treatment [6].

We report a case of a middle aged female who presented with eight-month history of gradually growing mass located in the left thigh. Physical examination revealed a moderately hard, painless mass with normal-appearing skin. The blood cell count and chest X-ray were normal.

Ultrasonography showed a hydatid cyst type 3 of Gharbi classification of hydatid cysts (Multi vesicular, multi septated cyst and daughter cysts).

Magnetic resonance imaging (**Figures 1 and 2**) demonstrated a large intramuscular cystic lesion located on the anterior surface of the left thigh. After intravenous gadolinium injection, there was enhancement of the pericystic layer.

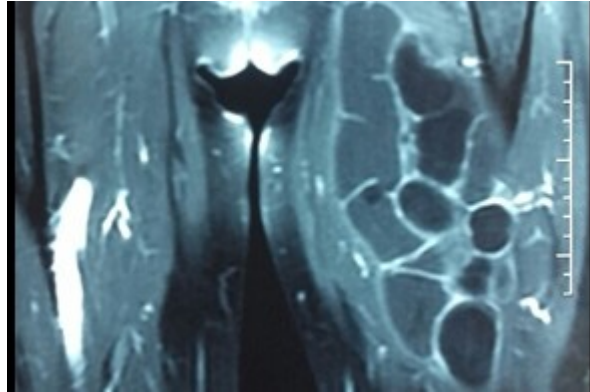


Figure 1

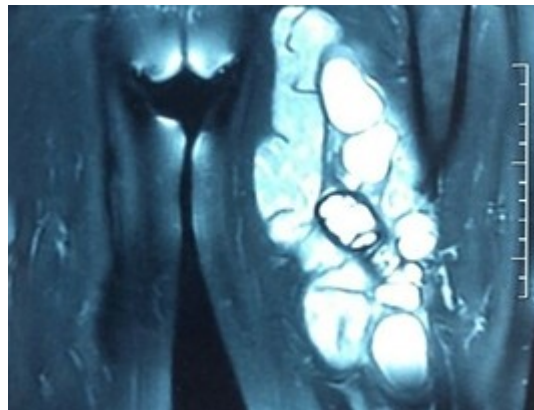


Figure 2

Abdominal ultrasound identified no other sites of the hydatid disease. Hydatid serological test was negative. Wide surgical excision was performed following saline instillation of the cystic cavity.

Histopathological examination confirmed the diagnosis of hydatid cyst. The patient received albendazole (400 mg/day) for two months postoperatively to prevent recurrence.

There was no recurrence at six months of follow-up.

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