

A subcutaneous hydatid cyst

To the Editor,

Hydatid cysts have been known since the time of Hippocrates. This disease occurs with transmission of the *Echinococcus Granulosus* larvae, and more common in developing countries especially in there where dealing with animal husbandry. The annual incidence is between 1/20.000 and 1/50.000 in eastern mediterranean countries, such as Turkey.

A 51 years-old female living in the eastern mediterranean area, refering to general surgery clinic with slight right-upper abdominal pain that spreading to her back. Physical examination: 5x6 cm fluctating mass palpated on right upper abdomen and, costal margin. Thorax and upper-abdominal computed tomography: at right lobe anterior segment of liver, near diaphragmatic area nearly 75x51 mm size and in close vicinity of it-52x61 mm size locular liquid collection that reaches from right lobe's anterior of the liver to subcutaneous area and deforms bone structure slightly (Figure 1). In operation; Povidone-iodine solution is injected in to the cyst and waited for 25 minutes, afterwards cyst is totally excised: germinative membrane and scolexes of hydatid cyst fluid under light microscope is observed. Patient has taken Albendazol 200 mg per day for 6 months.

The hydatid cyst can be seen very different locations in the body. While more common locations are the liver (50-70%) and the lung (10-30%), less frequently dealing at the soft tissues (2-5%), the heart (0.5-3%), pericardium (5%), muscles and subcutan tissues (0.5-4.7%) have been reported (1,2). The incidence is higher in women than men. Isolated skin involvement is very rare (2,3%). If Hydatid cyst located in the anterior abdominal wall especially in muscles, it can lead to differential diagnostic confusion with the other abdominal wall diseases (hernias, abscess, lipoma) and intraabdominal masses (3). In this patients, the abdominal USG and CT examinations can be helpful for differential diagnosis. Percutaneous in-

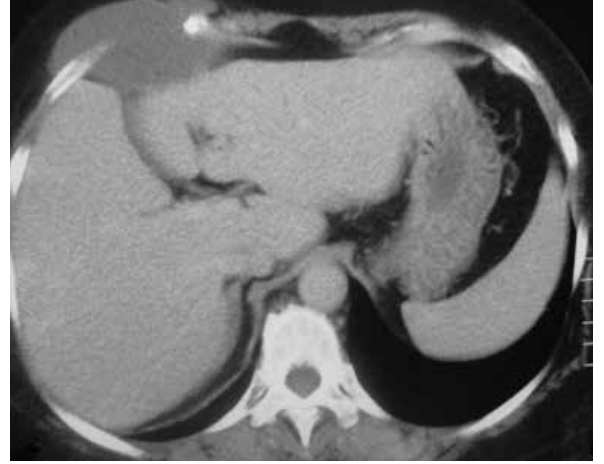


Figure 1. Abdominal CT scan; at right lobe anterior segment of liver, near diaphragmatic area nearly 75x51 mm size and in close vicinity of it-52x61 mm size locular liquid collection that reaches from right lobe's anterior of the liver to subcutaneous area and deforms bone structure (the last costa) slightly.

jection and aspiration is not suitable for this complicated cyst seen in both subcutaneous and liver tissue.

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REFERENCES

1. Karaman E, Yilmaz M, Ada M, Yilmaz RS, Isildak H. Unusual location of primary hydatid cyst: soft tissue mass in the parapharyngeal region. *Dysphagia* 2011; 26: 75-7.
2. Kayaalp C, Dirican A, Aydin C. Primary subcutaneous hydatid cysts: a review of 22 cases. *Int J Surg* 2011; 9: 117-21.
3. Abhishek V, Patil VS, Mohan U, Shivswamy BS. Abdominal wall hydatid cyst: case report and review of literature. *Case Rep Surg* 2012; 2012: 583294.

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