A 15-year-old girl was admitted with a 2-month history of early satiety, abdominal pain, nausea, and progressive dyspnea. Abdominal examination revealed a markedly distended abdomen. The patient's family lived in a region endemic for hydatid disease and her brother had a hydatid cyst in the liver. Serum immunoglobulin G (IgG) against *Echinococcus granulosus* was positive (titer 1/1,280) using the immunofluorescence assay test, and eosinophilia was observed in a peripheral blood sample. Postero-anterior chest radiograph showed multiple irregular opacities in both lung fields (Figure A). Thoraco-abdominal computed tomography (CT) revealed multiple thin-walled cystic lesions in the lungs, liver, spleen, kidney, and right iliacus and gluteus maximus muscle (Figure B). Based on the clinical, laboratory, and radiological findings, disseminated hydatid disease was diagnosed. The patient received a prolonged course of albendazole 15mg/kg/day (4 weeks treatment, 2 weeks non-treatment periods) with good clinical evolution. She received only medical treatment because of the multiple organ involvement. Hydatid cyst disease is an endemic parasitic infection caused by *Echinococcus granulosus*, and is a major public health problem in Mediterranean countries(1). Hydatid disease should be kept in mind in the differential diagnosis of multiple cysts in patients living in endemic areas(1)(2). Early recognition of hydatid cysts cases is critical to prevent complications(3).

**Conflicts of Interest**
The authors declare that there is no conflict of interest.

**REFERENCES**