

Images in Infectious Diseases

Primary Giant Mediastinal Hydatid Cyst Extending to the Superior Thoracic Inlet

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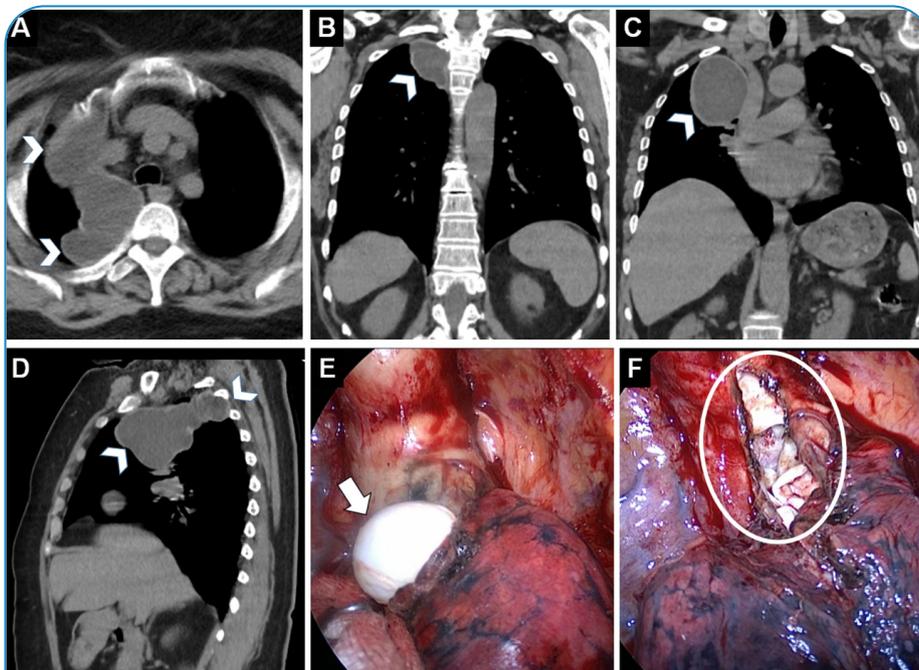


FIGURE 1: (A) Axial, (B, C) coronal, and (D) sagittal thoracic computed tomography sections show a mediastinal cystic lesion of approximately 10 x 4 cm (arrowheads) extending from the apex to the perihilar area in the right hemithorax. (E, F) The lesion was diagnosed intraoperatively as a hydatid cyst (arrow, laminated membrane; circle, cyst cavity).

A 57-year-old woman presented to our hospital with chest and shoulder pain. A giant mediastinal cystic lesion extending from the apex to the inferior perihilar area on the right hemithorax was detected radiologically. The patient underwent video-assisted thoracoscopic surgery. The intraoperative lesion was identified as a hydatid cyst and resected thoracoscopically (**Figure 1**).

Hydatid cysts caused by metacestode forms of *Echinococcus granulosus* are commonly located in the liver and lungs. The mediastinal involvement rate is 0.61%, and primary mediastinal localization is less common¹. Symptoms depend on the cyst size, location, and compression on adjacent structures, such as the esophagus, aorta, trachea, vena cava, and phrenic nerve^{2,3}.

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Authors' contribution: YA: Conception and design of the study, Acquisition of data, Drafting the article, Final approval of the version to be submitted; ABU: Conception and design of the study, Analysis and interpretation of data; AE: Conception and design of the study, Analysis and interpretation of data.

Conflict of Interest: The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

Financial Support: The authors declare that the article content was composed in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Received 9 May 2022 | Accepted 10 June 2022

Although primary giant mediastinal hydatid cysts are rare, they should be considered in the differential diagnosis of all mediastinal lesions.

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