Images in Infectious Diseases

Thoracic Fascioliasis

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A 32-year-old female patient was admitted with a history of abdominal pain for one year and dyspnea for one month. Abdominal examination revealed markedly distended abdomen. Postero-anterior chest radiograph showed irregular opacities in the right lung field (Figure 1). Thoraco-abdominal computed tomography (CT) showed a 70x37 mm thoracic cystic lesion originating from the liver and extending along the right major fissure with a transdiaphragmatic transition (Figure 2). Cystectomy was performed via right posterolateral thoracotomy. Figure 3 shows the anatomopathological specimen of the cyst. Indirect hemagglutination test was positive for serum IgG against Fasciola hepatica at 1/320 titer and peripheral blood eosinophilia was also detected. Histopathological examination was consistent with F. hepatica infection. Fascioliasis was diagnosed based on clinical, laboratory, radiological, and pathological findings. After one year, the follow-up thoraco-abdominal CT revealed no abnormalities. Fascioliasis is a zoonotic disease that can sometimes affect humans. F. hepatica may affect the biliary tract, but extrahepatic damage is rare[4]. However, involvement of the thorax is an atypical presentation of fascioliasis and has rarely been reported[2,3]. Fascioliasis should be considered in the differential diagnosis of patients presenting with thoracic cysts, particularly in those who live in endemic areas.

Conflict of interest

The authors declare that there is no conflict of interest.
FIGURE 3: Anatomopathological specimen of the cyst.

REFERENCES

