

## Images in Infectious Diseases

### Thoracic Fascioliasis

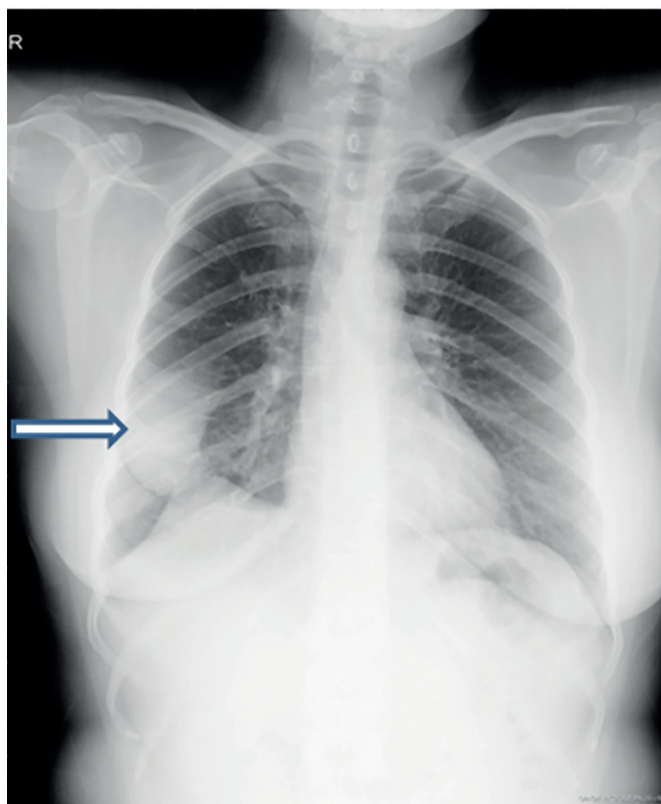
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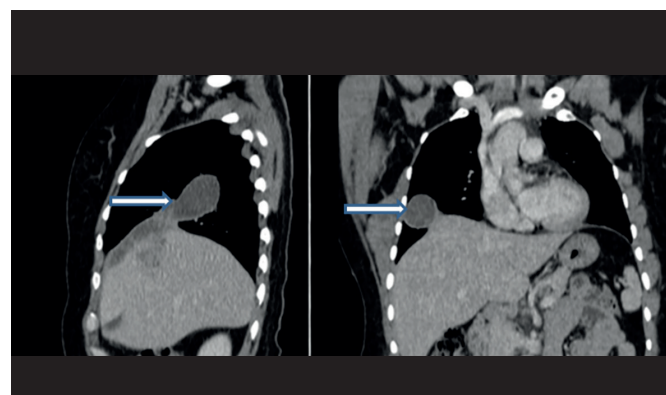
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A 32-year-old female patient was admitted with a history of abdominal pain for one year and dyspnea for one month. Abdominal examination revealed markedly distended abdomen. Postero-anterior chest radiograph showed irregular opacities in the right lung field (**Figure 1**). Thoraco-abdominal computed



**FIGURE 1:** Postero-anterior chest radiograph showing irregular opacities in the right lung field (arrow).

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<sup>1</sup>. However, involvement of the thorax is an atypical presentation of fascioliasis and has rarely been reported<sup>2,3</sup>. Fascioliasis should be considered in the differential diagnosis of patients presenting with thoracic cysts, particularly in those who live in endemic areas.



**FIGURE 2:** Thoraco-abdominal computed tomography showing a 70x37 mm thoracic cystic lesion (arrows) originating from the liver and extending along the right major fissure with a transdiaphragmatic transition.

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**Received** 25 April 2019

**Accepted** 24 July 2019

#### Conflict of interest

The authors declare that there is no conflict of interest.



FIGURE 3: Anatomopathological specimen of the cyst.

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