Images in Clinical Tropical Medicine

Cardiac Echinococcosis, an Unusual Echocardiographic Finding

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Cardiac echinococcosis is an unusual echocardiographic finding.¹ An 18-year-old woman from Colombia, who had lived her entire life on a farm and had no remarkable medical history, was admitted to a hospital because of three weeks of non-specific upper abdominal pain and intermittent jaundice. There was no fever, chest pain, palpitation, dysnea, or other cardiac symptoms. Results of a heart examination were normal. Her laboratory data, including blood chemistries, electrocardiogram, and chest radiograph, were normal. Transesophageal echocardiography² was performed because chest computed tomography showed an atrial mass, a 4 × 3 cm cyst with multiple and mobile small internal structures, in the right atrium. This finding was consistent with a cardiac hydatid cyst (Figure 1). Serologic analysis confirmed the diagnosis. Treatment with albendazole, 200 mg every 12 hours, was started, and 1 day before scheduled surgery she had fever. Cardiac complications were suspected because of the presence of the cyst. Therefore, another transesophageal echocardiogram was performed and showed a right atrial cyst without multiple internal mobile

FIGURE 1. Initial manifestations of the patient with transesophageal echocardiography, showing a 4 × 3 cm cyst with multiple internal structures.

FIGURE 2. Second transesophageal echocardiography performed on the patient after abrupt onset of chest pain and fever, showing the cyst wall without the multiple, internal, small, kidney-shaped cystic lesions consistent with spontaneous cyst rupture.

small kidney-shaped cystic lesions, which suggested cyst rupture with multiple cyst embolisms (Figure 2). Surgery was canceled and the patient responded well to albendazole treatment alone without recurrence of symptoms.

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