Recurrent supraclavicular hydatid cyst

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A 29-year-old woman presented with an asymptomatic left supraclavicular cyst (Fig. 1). Thirteen years earlier, the patient underwent surgical drainage of the left supraclavicular hydatid cyst elsewhere. A surgical removal was proposed: the cyst was enucleated from the surrounding tissue (Fig. 2). The patient had an uneventful recovery. No recurrence was observed after 58 months.

Figure 1: A nuclear magnetic resonance revealed a 4 × 3-cm-sized multiloculated cyst. The lesion lay anteromedially to the trapezius muscle; inferiorly, it was in contact with the distal part of the left clavicle and scalene muscles that appeared lightly medially dislocated. The left external jugular vein was placed medially to the cyst, while the left subclavian artery and vein were caudally located at a distance of 10 mm. The cyst was hyperintense on T1-weighted black-blood images not suppressed in fat suppression sequences (transversal A and frontal B view, respectively). Thus, a recurrent hydatid disease was hypothesized. No albendazole therapy was administered after the previous operation.

Figure 2: The cyst was approached through a 4-cm incision in the left supraclavicular fossa. Macroscopically, a roundish lesion of 35 × 32 mm, organized in a polycystic structure, was seen. The cyst was dissected free from surrounding tissue safely. Histopathological findings of haematoxylin and eosin sections revealed double-layered, outer laminated hyaline (4×, A, asterisk) and inner granular germinal membranes (4×, A, double asterisks). The proligerous membrane (B, caret), cuticular membrane (B, open circle) and pericyst (B, asterisk) were clearly evident at major enlargement (10×). Tracks left by the scolices were also visible (B, arrowheads).

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