


Clinical vignette

Isolated cardiac hydatidosis

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An apparently healthy 54-year-old man living in a rural area was referred to a cardiologist due to palpitations. A large intramyocardial cystic mass was discovered in transthoracic echocardiogram. The patient was admitted to our institution for further study. He was in sinus rhythm and showed Q waves in II, III, and aVF leads. Serologic tests for *Echinococcus granulosus* were positive. Cardiac magnetic resonance imaging (MRI) confirmed the finding of a large multilocular cystic mass (7 cm diameter), involving inferior septum and inferior wall (Panels A and B, two-chamber and short-axis SSFP cine images) and producing severe thinning of adjacent myocardium up to 3 mm thickness. Other lesions in liver, lung, brain, and kidney were excluded. Operative treatment with resection of the echinococcal cysts and subsequent closure of ventricular septal defect (VSD), which appeared during surgery due to lesion of contiguous septal myocardium was performed without complications (Panel C, intraoperative transesophageal echo (TEE) showing VSD with large left-to-right shunt; Panel D, short-axis image corresponding to cardiac MRI per formed 6 months after surgery). Excised hydatoid material is shown in Panel D; a microscopic image of *E. granulosus* can be seen in Panel E. The patient was put on treatment with albendazole and has been followed-up for 2 years without cardiac events, remaining in functional Class I/IV NYHA.

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