A Rare Pericardial Cyst Resembling Hydatid Cyst on Echocardiography

Btissam Jaakik and Houda Benjelloun

Key words: lupic encysted pericarditis, hydatid cyst

(Inter Med 49: 1673-1674, 2010)

(DOI: 10.2169/internalmedicine.49.3764)

Picture 1.

Picture 2.

Picture 3.

Picture 4.

We report the case of a 19-year-old-man, admitted to the hospital for dyspnea class IV. Recently, he had diagnosed with systemic lupus erythematosus according to the following features: renal failure with glomerulonephritis on biopsy, erythematosus rash, arthritis, and presence of antinuclear antibodies. In fact, these four criteria were sufficient to retain the diagnosis of lupus according to the American College of Rheumatology criteria.

At physical examination, we found deafening sounds of the heart. His electrocardiogram showed a microvoltage and his chest X-ray revealed an enlarged heart. A transthoracic echocardiography performed urgently, showed a massive circumferential pericardial effusion with variation of respiratory flow associated with a compression of the right cavities. Moreover, we noted on transventricular and transaortic parasternal short axis view, a cystic structure measuring 70

by 50 mm, not taking the color Doppler. This image was taken from the side wall of the left ventricle to the pulmonary artery trunk (PAT).

We suspected a hydatid cyst based on this very suggestive image, due to the fact that hydatidosis is very frequent in Morocco. An urgent surgical drainage was made to the patient.

The pericardial fluid analysis showed an exsudative fluid with the presence of LE cells but no echinococcal scolices or bacteria were found.

The histological study revealed a nonspecific inflammatory aspect.

The research for anti-nuclear and anti-DNA antibody has not been undertaken, knowing that their positivity is not specific for lupus origin of pericardial effusion. Based on our findings, we suspected that effusion was related to lupus.

We could eliminate the diagnosis of hydatid cyst and retain the diagnosis of encysted pericarditis, which is a form of pericardial effusion. The presence of LE cells confirmed the lupic origin of this encysted effusion.

This case illustrates the difficulty of distinguishing, on transthoracic echocardiographic aspect, between a simple encysted pericarditis and pericardial hydatid cyst.