

## Case Reports

### HYDATID CYST COMPLETELY REPLACING ONE LUNG REMOVED BY ENUCLEATION TECHNIQUE

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#### ABSTRACT

Pulmonary *Echinococcus granulosus* is a parasitic infection found worldwide. Patients usually present with cough and/or hemoptysis with pulmonary nodule(s). Rarely do they enlarge to such sizes as to present with dyspnea. We report two cases with the largest hydatid cysts of the lung reported up to date: one measuring 24.5×19 cm and the other 19.5×16.5 cm. These cysts were removed intact without rupturing and with decreased complications using the Barrett (enucleation) technique.

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#### INTRODUCTION

Hydatid cyst is a parasitic infection affecting many organs and is found world-wide. This parasite is of two varieties, the Sylvetic form and the Pastural form. In the Mediterranean area the Pastural form is seen more frequently. These cysts are usually asymptomatic but may present themselves with cough and/or hemoptysis and only rarely do they enlarge to such massive sizes as to present with dyspnea and a space-occupying mass.<sup>1</sup> Here we describe two cases with huge cysts involving the lungs which were removed by the Barrett technique (enucleation of intact cyst).<sup>2</sup>

#### Case 1

A 45 year old non-smoker shepherd from Khorasan province of Iran presented in December 1990 with a three-year history of episodic, sharp chest pain radiating over the anterior left chest wall. The patient stated interestingly that upon bending forward, he felt the movement of water within his chest. He noted increasing respiratory distress upon exertion and complained of orthopnea. He denied any past illness and review of systems was non-contributory. Physical examination showed a cachexic, afebrile man with a pulse of 62/min. and a respiratory rate of 24/min. Blood pressure was 110/70mmHg. Head and neck examination revealed slight tracheal shift to the right. Protrusion of the left chest wall was apparent. He had tenderness over the left anterior chest wall with decreased tactile fremitus, increased dullness and decreased breath sounds over that area.

His chest radiograph (Fig. 1, A) revealed two uniform radio-opacities involving the left lung without an air-fluid level or air-bronchogram. His echinococcal hemagglutination titer was 1/256 with a positive Casoni skin test.

The patient underwent left thoracotomy via a left

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