

BRIEF COMMUNICATION

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THE FIRST REPORT OF CAROTID SHEATH HYDATID CYST

Hydatid disease is one of the more common infectious diseases in our area. A spectrum of complications have been recognized as a result of hydatid disease. Among these, there have been some interesting reports of vascular complications. We have encountered carotid sheath hydatidosis with involvement of the vagus nerve, as one such complication.

A 45 year-old female referred to the outpatient clinic with a painful cervical mass. It was firm and situated deep and lateral to the right thyroid lobe. The initial impression was a thyroid nodule, and thus medical management was instituted. Fine needle aspiration showed normal thyroid tissue. Exploration was performed, revealing a mass lateral to the thyroid gland. Dissection revealed a carotid sheath mass. Upon removal, the cystic mass was found to be a hydatid cyst with daughter cysts inside (Figs. 1, 2). Follow-

ing evacuation of the cyst, a drain was inserted. The postoperative course was uneventful, except for a mild change in voice. The pathology report was compatible with hydatid cyst.

Ever since recognition of hydatid disease, there have been many reports of various vascular complications. These include false hydatid aneurysm of thoracic aorta,¹ and middle cerebral artery occlusion by hydatid cyst of ventricular origin.² Splenic vein occlusion,³ portal hypertension,⁴ hydatid cyst fistula into the abdominal aorta,⁵ and peripheral ischemia⁶ are some of the other vascular complications of hydatid disease. However, in an extensive literature review, there have been no reported cases of carotid sheath hydatid cyst, and the present case is the first illustration of such a complication.

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Fig. 1. Intraoperative view. Arrow indicates the vagus nerve.



Fig. 2. Intraoperative view showing the carotid artery and internal jugular vein (arrow).

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