Multiple Intramuscular and Hepatic Echinococcosis

Rama Prosad Goswami*, Dipankar Pal**, Sukhen Das**, Yogiraj Ray***, Mehebubar Rahman****

A 22 year old female presented with multiple slowly growing, painless swellings in right side of neck and left upper arm for 3 – 4 years. She also had similar swellings in the right upper quadrant of her abdomen for past six months. There was no history of local trauma, fever or weight loss. There was no similar family history. She had pet dogs since childhood.

Fine needle aspiration cytology (FNAC) from supraclavicular swelling showed, proteinaceous fluid, few degenerated cells and macrophages suggestive of degenerated benign cystic lesion. Ultrasonography (USG) of abdomen showed hugely enlarged liver with multiple cystic swellings of varying sizes in both lobes (largest one measuring 108 mm). Some of the cystic lesions showed internal septae and daughter cysts suggesting hydatid cyst (Figure 1). CT abdomen confirmed multiple hepatic hydatids (Figure 2). USG of soft tissues of neck and forearm showed septate cysts in left biceps brachii and right trapezius (Figure 3). Serum Echinococcus IgG antibodies was positive (patient’s value 2.89, cut-off 0.3 OD units).

She is now being given albendazole 400 mg twice daily with plan for operative removal of cysts.

Hydatid cysts are common in liver and lungs. Unusual sites for hydatidosis are observed in about 15% of case.1 Intramuscular hydatids account for 3 – 5% of all cases most of which are localised to a single muscular site. Affection of more than one muscle group in a single patient is exceedingly rare. Common muscle sites include hip and thigh followed by shoulder and arm regions.2 Most of the intramuscular hydatidoses are associated with hepatic lesions as well (92.68%).3

Muscle echinococcosis should be included in the differential diagnosis of limb masses, especially in endemic areas.

References

2. Gougoulas NE, Varitimidis SE, Bargiotas KA, et