Mediastinal Hydatic Cysts: An Uncommon Cause of Mediastinal Enlargement

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A 32-year-old man was referred with complaints of progressive dysphagia for 1 month, postprandial fullness, abdominal pain/distension, cough and dyspnea. Physical examination revealed hepatosplenomegaly with multiple painless abdominal masses in the right upper quadrant, but no ascites or edema. Chest auscultation revealed normal breath sounds. Laboratory studies showed eosinophilia 12%, aspartate aminotransferase 81 U/l, alanine aminotransferase 60 U/l, alkaline phosphatase 238 IU/l, γ-glutamyl transpeptidase 183 U/l, total bilirubin 1.9 mg/dl, direct bilirubin 0.6 mg/dl, indirect bilirubin 1.3 mg/dl, and HIV 1/II antibody negativity. An enzyme-linked immunosorbent assay to evaluate immunoglobulin G and a fluoroenzyme immunoassay to evaluate immunoglobulin E were positive, and antibodies to Echinococcus granulosus (titer 1:512) were detected.

Chest radiography showed multilobulated mediastinal enlargement, rounded abdominal calcifications and normal pulmonary parenchyma (fig. 1). Contrast-enhanced abdominal and thoracic computed tomography revealed multiple large cysts in the liver and spleen, some with calcified walls (fig. 2a), extending into the mediastinum and displacing the heart anteriorly (fig. 2b). The
lung parenchyma contained no hydatid cyst. Albendazole therapy was initiated, and surgical treatment of the patient was being evaluated. He developed acute respiratory failure associated with cor pulmonale, progressing rapidly to death 1 month after diagnosis. No autopsy was performed.

Hydatid disease, a zoonosis produced by larval Echinococcus tapeworms (primarily *E. granulosus* and *E. multilocularis*), occurs worldwide. The most common site is the liver, followed by the lung. Transdiaphragmatic migration of hydatid disease is an important complication, ranging from diaphragm adherence to rupture into the pleural cavity or seeding in the pulmonary parenchyma [1]. Mediastinal localization is rare, and enlarged cysts can compress vital organs, producing pressure symptoms [2].

**Fig. 2.** Contrast-enhanced abdominal and thoracic computed tomography revealed multiple large cysts in the liver and spleen, some with calcified walls (a), extending into the mediastinum and displacing the heart anteriorly (b).

**Financial Disclosure and Conflicts of Interest**

There are no conflicts of interest to declare.

**References**