Giant Hydatid Liver

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Article ID: WMC00529
Article Type: Images in Clinical Medicine
Submitted on: 07-Sep-2010, 04:23:33 PM GMT  Published on: 06-Sep-2010, 08:51:30 PM GMT
Article URL: http://www.webmedcentral.com/article_view/529
Subject Categories: GENERAL MEDICINE
Keywords: Hydatid Diseases
How to cite the article: TM A, Jabbar P. Giant Hydatid Liver. WebmedCentral GENERAL MEDICINE 2010;1(9):WMC00529
Source(s) of Funding:
No source of funding
Competing Interests:
No competing interests
Additional Files:
Panel B
Panel A
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Image in Clinical medicine

A 55 year old female presented with one month history of intermittent right upper quadrant and epigastric pain, fullness and generalised fatigue. The symptoms became progressively worse over the last one week along with nausea and vomiting. She had no significant past medical illness.

On clinical examination, a right upper quadrant, firm and non tender mass was palpable, approximately 15 cm in diameter.

The complete hemogram, renal and liver function tests were all within normal limits. Ultrasonography showed an enlarged enlarged liver with septations and a daughter cysts within right lobe. The computed tomogram of abdomen revealed a large complex multicystic lesion of size 13.6 x 11.7 x 11.3 cm (volume 940 cc) with numerous internal echoes in right & caudate lobes of liver and a daughter cyst with in it (Panel A & Panel B). The patient refused to undergo any surgical procedure. She was discharged from the clinic with Albendazole 400 mg twice a day for 6 weeks and patient did not come return for follow up.

Hydatid diseases is a parasitic infection caused by the cestode tapeworm Echinococcus granulosus. The dogs are the definitive host. In humans the hydatid disease commonly involves the liver (75%) and the lungs (15%). Humans get infected by contact with the definitive host. Surgery is the mainstay of treatment for hydatid cysts of the liver.
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