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Invasive pericardial hydatid cyst: Excision of multiple huge cysts

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Cardiac echinococcosis is a rare but potentially serious complication of hydatid disease caused by the larval stage of cystode tapeworm *Echinococcus granulosus*. Most common sites of the infection are the liver and the lungs with rare cardiac involvement even in endemic countries. Prevalence of cardiac involvement is 0.01 to 2% of all registered echinococcosis cases. Because there is no specific clinical picture, the diagnosis of cardiac hydatidosis usually arises from clinical suspicion. Cardiac echinococcosis rarely mimics acute coronary syndrome. We present herein a case of hydatid cyst of the left ventricular posterolateral wall that caused ischemic changes on electrocardiography (ECG), mimicking acute coronary syndrome with typical angina pectoris as presented in this report. Hydatid disease is a parasitic infection caused by larvae of *Echinococcus granulosus*, which is still endemic in many developing countries. Cardiac involvement is a rare, but potentially a very serious complication of the hydatid disease on account of varying clinical presentations and nonspecific symptoms and occasionally mimics acute coronary syndrome. We herein, describe a case of ruptured left ventricular hydatid cyst presented as acute inferio lateral myocardial infarction with ECG changes. As coronary angiography revealed normal coronaries, the final diagnosis was made on basis of echocardiography and magnetic resonance imaging. Complete surgical resection of both the cysts on cardio pulmonary bypass followed by albendazole therapy yielded excellent outcome.

Biography

Jignesh Kothari currently works in	U. N. Mehta Institute of Cardiology and	Research Center (affiliated to E	3 J medical college, Ahmedabad), India
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