Hydatid disease presenting as multiple cystic swelling in the right supra-clavicular region

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ABSTRACT

Hydatid disease (Echinococcus granulosus) is endemic in the Middle East as well as other parts of the world including India. Even though hydatid cysts can occur in any organ, infestation by hydatid disease in humans most commonly occurs in the liver because it acts as the first filter followed by the lung, which forms a second filter. The two organs can be affected simultaneously. After entering the systemic circulation it may be distributed in various organs including brain, orbit, parotid gland, vertebrae, bones and even palm and sole. Some other organs may also be rarely affected, but presentation as lymph node swelling in the supraclavicular region is very rare. The purpose of this paper is to emphasize the fact that supraclavicular lymph node swelling may be a presenting feature of hydatid disease, especially in endemic areas of the world.

1. Introduction

Echinococcus granulosus is a parasitic tapeworm that requires two hosts to complete its life cycle[1]. Ungulates (deer, domestic cattle, domestic sheep, elk, and moose) are intermediate hosts for larval tapeworms, which form hydatid cysts in their body cavities. Canids (wolves, dogs, and foxes) are definitive hosts where larval tapeworms mature and live in the small intestine. Definitive hosts are exposed to larval tapeworm when ingesting infected ungulates. Human beings are infected by direct contact with infected dogs (handling or fondling) or by taking uncooked vegetables contaminated with infected canine faeces. Although hydatid disease is worldwide in distribution, it is mostly endemic in cattle and sheep–raising regions of the world such as the Middle East, Central Europe, the Mediterranean countries, South America, Australia, New Zealand, and South Africa[2]. Hydatid cysts commonly affect the liver and lung[3–5]. Extensive literature search shows that it can also affect the brain, heart, kidney, ureter, spleen, uterus, fallopian tube, mesentery, pancreas, diaphragm, and muscles.
cysts revealed internal septae, peripherally arranged small daughter cysts, floating undulating internal membranes. Rest of the internal organs was within normal limit. CECT abdomen showed multiple well-defined, multi-septate, and multi-loculated cystic lesions in both lobes of liver (Figure 1 and Figure 2). The diagnosis was confirmed by finding of IgG of Echinococcus antibody positive (2.89) (Above 0.3 was positive). The patient was started Tab Albendazole (10 mg/kg per day) orally. After three weeks of therapy the cysts started to regress, and on completion of three months course there was complete regression.

3. Discussion

Hydatid disease may affect many organs other than lung and liver. Extensive literature search showed that it can affect thyroid gland presenting as stridor[6,7]. It may present in the nasopharynx and skull involving cervical vertebra or as cervicomediastinal mass causing dyspnoea[8,9]. Another very rare presentation is involvement of testis[10]. Reports of involvement of deltoid muscle or even parotid gland are there[11,12]. Axillary lymph node enlargement may be possible though rare[13]. Hydatid disease presenting as supraclavicular lymph node enlargement especially in endemic regions.

Conflict of interest statement

We declare that we have no conflict of interest.

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