Arch Bronconeumol. 2020;56(11):742

Sociedad Española de Neumología y Cirugía Torácica SEPAR

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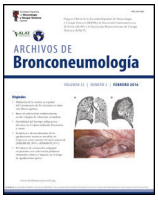

Clinical Image

Pulmonary Hydatidosis in a Moroccan Child☆

Hidatidosis pulmonar en niña proveniente de Marruecos

Alba Tomàs González,[a,*] Andrés Fernando Almario Hernández,[b] Eva Gargallo Burriel[c]

[a] Servicio de Pediatría, Hospital Sant Joan de Déu, Universitat de Barcelona, Barcelona, Spain
[b] Servicio de Neumología Pediátrica, Hospital Sant Joan de Déu, Universitat de Barcelona, Barcelona, Spain
[c] Servicio de Hospitalización Pediátrica, Hospital Sant Joan de Déu, Universitat de Barcelona, Barcelona, Spain

Fig. 1. (a) Chest X-ray, anterior–posterior projection (as usually performed in pediatric patients), in which alveolar consolidation of rounded morphology is observed between the upper and lower pulmonary field of the right hemithorax, which does not obscure the right heart contour and is not delimited on the inferior edge by the horizontal fissure. Nor does it obscure the right hemidiaphragm, with consolidation located in the upper segments of the right lower lobe (as subsequently seen on CT); (b) chest CT with intravenous contrast, axial plane, mediastinal window showing organizing fluid collection of homogeneous density, with peripheral contrast uptake, located in the upper segments of the right lower lobe. The findings suggest pulmonary abscess; (c) surgical piece showing the macroscopic appearance of the excised cyst.

A healthy 3-year-old Spanish girl consulted for fever, cough, and respiratory distress. She had recently been on a 3-week stay in rural Morocco, with no contact with anyone with a cough. Chest X-ray showed a rounded posterior lesion between the upper and lower right fields (Fig. 1a). She received antibiotic treatment and her symptoms improved. After 4 weeks, the radiological alteration persisted and a lung computed tomography (CT) scan was performed, showing a homogeneous hypodense collection with contrast uptake in the pulmonary wall (Fig. 1b). A pulmonary abscess was suspected and the antibiotic was restarted, percutaneous drainage was performed, and a pleural tube was placed. The fluid obtained was transparent, and cytological and biochemical analyses and fresh smear were normal. The thick sediment was reanalyzed and *Echinococcus granulosus* protoescoleces were observed, although serology in blood was negative. Pulmonary hydatidosis was diagnosed and abdominal ultrasound was performed, which was normal, and after confirming a normal liver profile, treatment with oral albendazole began. After 5 days, the cyst was excised by thoracotomy (Fig. 1c). Despite premedication and the use of intralocal hypertonic serum, the patient developed an anaphylactic reaction (a known complication after hydatid cyst rupture) and required admission to the PICU and inotropic support. Subsequent progress was favorable. Four weeks of oral albendazole were completed without hepatotoxicity. No relapses have been observed in follow-up visits.[1,2]

Acknowledgements

We thank Manuel Monsonis of the Microbiology Department, Rosalía Carrasco of the Pediatric Surgery Department, and Antoni Noguera of the Pediatric Infectious Diseases Department of the Hospital Sant Joan de Déu.

References

1. Petropoulos AS, Chatzoulis GA. Echinococcus granulosus in childhood: a retrospective study of 187 cases and newer data. Clin Pediatr (Phila). 2019;58:864–88.
2. Gharabaghi MA, Yazdi NA, Jafari S. Lung hydatid cysts. BMJ Case Rep. 2012, http://dx.doi.org/10.1136/bcr-2012-006551.

☆ Please cite this article as: Tomàs González A, Almario Hernández AF, Gargallo Burriel E. Hidatidosis pulmonar en niña proveniente de Marruecos. Arch Bronconeumol. 2020;56:742.

* Corresponding author.
E-mail address: albatom@gmail.com (A. Tomàs González).