

Clinical Image

Metastases of Alveolar Echinococcosis to the Skin, Pleura, Ribs, and the Xiphoid Process: A Case Report

Metástasis de equinococosis alveolar en piel, pleura, costillas y la apófisis xifoides: a propósito de un caso

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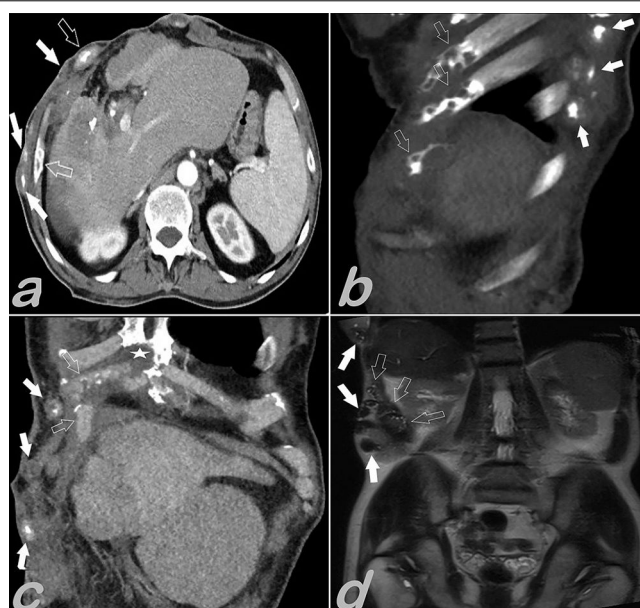


Fig. 1. (a–d) Abdominal CT scan, axial slice (a), sagittal (b), coronal (c), and coronal T2-weighted magnetic resonance imaging (d) show local metastasis to the skin, subcutaneous tissue (solid arrows), pleura, ribs (empty arrows) and sternum xiphoid process (white star).

A 62-year-old man with known diagnosis of alveolar echinococcosis presented to our clinic with jaundice, abdominal pain, and draining skin lesions. Computed tomography (CT) and magnetic resonance imaging (MRI) revealed a hypodense mass with lobular contours and areas of calcification consistent with primary alveolar echinococcosis invading the right main portal vein in liver segment 7. Heterogeneous nodular masses with areas of calcification were observed on the right anterior abdominal wall and inferior chest wall and in the skin and subcutaneous tissue. In addition, destructive lytic and sporadically sclerotic changes were noted on the right pleural surfaces, ribs 7–12, and sternum xiphoid process (Fig. 1 a–d).

Considering the patient's diagnosis of alveolar echinococcosis, the images were evaluated as local metastasis to the skin, subcutaneous tissue, pleura, and ribs.

Beyond the liver and lung, alveolar echinococcal involvement of bone, subcutaneous soft tissues, and other visceral organs are extremely rare.^{1,2} This condition may respond to clinicians and despite being uncommon, it should be considered in clinical practice when patients with rib involvement are encountered.

References

1. Eckert J, Thompson RC. Historical aspects of echinococcosis. *Adv Parasitol.* 2017;95:1–64.
2. Aydin Y, Ogul H, Topdagi O, Ulas AB, Sade R, Ozturk G, et al. Relevance of pulmonary alveolar echinococcosis. *Arch Bronconeumol.* 2019, pii:S0300-2896(19)30317-5.

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