Hydatid cyst of the cardiac interventricular septum

Paul Achouh*, Jean Michel Grinda, Serge Yvorra, Jean-Noël Fabiani

Department of Cardiovascular Surgery, European Hospital Georges Pompidou, 20, Rue Leblanc, Paris 75015, France

Received 8 December 2003; received in revised form 21 March 2004; accepted 22 March 2004; Available online 5 May 2004

Keywords: Hydatid cyst; Cardiac; Interventricular septum

A 52-year-old patient complained of atypical chest pain. Echocardiography revealed a cystic mass with calcified margins in the interventricular septum. Blood serology was positive for Echinococcus Granulosis. Under cardio-pulmonary bypass, and through a right ventriculotomy, the cyst was sterilized then evacuated. The wall of the cyst was partially excised, then plicated and closed. Histopathology revealed an old hydatid cyst (Figs. 1 and 2).

Fig. 1. Thoracic CT-scan showing a hypodense 49 × 57 × 70 mm cyst of the interventricular septum, with peripheral calcifications. No other localization for hydatid cysts was identified on the thoraco-abdominal CT scan images. (A) transversal plan. (B) coronal plan.
Fig. 2. Cardiac MRI visualizing an ovoid mass, measuring $46 \times 53 \times 67$ mm, occupying the interventricular septum in its medial and inferior parts, from the tricuspid valve annulus till the apex, and protruding into the right ventricular cavity. A very thin layer of residual septum separated the mass from the left ventricle. (A) transversal plan. (B) coronal plan.