Diagnosis: Intramuscular hydatid cyst.

Magnetic resonance imaging (MRI) showed a multivesicular cyst located in the latissimus dorsi muscle (Figure 1); a hydatid cyst was suspected. The diagnosis was rapidly confirmed by a serologic test for *Echinococcus granulosus* (via enzyme-linked immunosorbent assay [ELISA], 71 kUA/L, and Western blot method, showing 1 specific band [7 KDa]). The patient was started on albendazole 1000 mg per day and referred to surgery. The mass was excised by muscle sparing and without any spillage of intracystic material. Perioperative macroscopical inspection showed multiple daughter vesicles of varying sizes (Figure 2), and parasitological examination confirmed the diagnosis of *E. granulosus*, with the presence of multiple scolices. During the postoperative course, the patient received 2 other courses of 1 month of albendazole, and serologic control showed a decrease in the ELISA titers, which became negative after 1 year.

Hydatid disease is a zoonosis caused by the larval stages of *E. granulosus*, which is endemic in certain parts of the world [1]. Clinicians may be faced with imported cases in nonendemic regions. It is often underdiagnosed because of its asymptomatic development over the years. Parasitic etiology should be considered as a differential diagnosis of soft tissue tumor.

Intramuscular hydatid cysts represent a rare presentation of this infection, which may be confused with other lesions such as tumors or may mimic other pathological processes. Clinicians must bear in mind the possibility of primary parasitic involvement at unusual sites [2–9]. Ultrasonography and MRI are useful in the diagnosis, showing the size, localization, and type of cyst with a sensitivity of 95%, and if vesicular frills are present, the sensitivity increases to 100% [10]. Serological tests can also be useful in the diagnosis but can sometimes give false-negative results [10].

To avoid dissemination of the cysts that can cause an anaphylactic shock, diagnosis puncture should not be performed. Surgery must be cautious; hypertonic saline solution must be spread on the cysts in case of rupture during surgery and adrenaline made available in case of anaphylactic shock.

**Note**

*Potential conflicts of interest.* All authors: No reported conflicts. All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.
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Clinical Infectious Diseases® 2015;61(11):1750–60
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DOI: 10.1093/cid/civ662