Chronic giant hydatid cyst fistulized to the left ventricle: long-term survival without surgery

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A 71-year-old woman underwent emergency evaluation due to chest pain. She had undergone lung surgery at the age of 16, due to hydatid cysts. A cyst adjacent to the pericardium was not operated due to the high risk.

Chest X-ray showed a cystic image (arrow) next to the heart (Panel A). Two-dimensional and 3D echocardiograms (Panel B) showed a 4.5 cm wide paracardiac cavity (white arrows), located on the anterolateral wall of the left ventricle (LV). This cavity was communicated with the LV through an orifice (yellow arrows) located next to the LV outflow tract. Colour flow Doppler showed a non-restrictive flow between both cavities indicating that the cystic cavity was under systemic pressure. Total visualization of the cavity was challenging due to extensive calcification. Coronary angiography presented the cystic image that produced displacement of the coronary tree. A ventriculography demonstrated the orifice that communicates the cyst with the LV (Panel C). Cardiac MRI showed the cystic cavity adjacent to the basal anterolateral segment of the LV, communicated with it through a wide hole. The cavity was partially occupied. There was no late enhancement with gadolinium in the wall of the cyst and in the content of the cavity, typical behaviour of a thrombus (Panel D).

The patient rejected surgical removal of the cyst. Five years later the patient remains asymptomatic and is followed-up yearly. We have not found another case with a hydatid cyst fistulized in the left ventricle. The long-term course of this cardiac cyst could remind the behaviour of post-infarction chronic ventricular pseudo aneurysm, in which the prognosis can be benign once the acute phase has passed. In fact, this condition can be described as a very unusual form of left ventricular pseudoaneurism.

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