

CASE REPORT

Second reported case of multilocular hydatid disease in Iraq

Abdul-Khalik Zaki Benyan¹, Nadham Kadham Mahdi², Fouzi Abdul-Amir¹, Osama Ubaid¹

Address for Correspondence:

Nadham Kadham Mahdi

¹Department of Surgery, Al-Sadar Teaching Hospital, College of Medicine, University of Basrah, Basrah, Iraq.

²Department of Microbiology, College of Medicine, University of Basrah, Basrah, Iraq

Email: nadhammahdi@yahoo.com

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ABSTRACT

Hydatid disease is an important zoonotic disease with a worldwide distribution. In the Middle East, as well as in some other parts of the world, it has always been a serious economic and public health problem. The disease is endemic and enzootic in Iraq. In Iraq, the disease is caused by *Echinococcus granulosus* but a multilocular hydatid cyst of *E. multilocularis* has been recovered from the liver of a woman in Erbil, North Iraq. This paper documents the second case of hydatid disease caused by *E. multilocularis*, this time reported in Basrah, Southern Iraq.

CASE REPORT

A 55-year-old Iraqi woman, married with four children living in the rural area of Al-Hartha near Basrah, southern Iraq, was in contact with sheep and dogs. Rodents are also present in the area. She was admitted to Al-Sadar Teaching Hospital complaining of epigastric and right hypochondrial pain and heaviness.

Chest X-ray and CT for chest and abdomen showed one cyst in the left lung and another one in the right subdiaphragmatic liver. Surgery was performed, and the two cysts were resected completely and sent for pathological and parasitological examinations. They consisted of many small vesicles embedded in a dense connective tissue stroma. They proved to be multilocular hydatid cysts (Figure 1).

DISCUSSION

While *Echinococcus granulosus* is rare, it is also the most virulent species. The life cycle involves two hosts, one definitive and the other intermediate. Humans act as an incidental intermediate host. The disease has been reported in Alaska, Canada, Russia, Siberia, China, Japan as well as Central Europe into



Figure 1. A cystic lesion revealed by computed tomography of the left lung. It consists of many small vesicles situated in a dense connective tissue stroma.

Germany and in India.⁽¹⁾ In Iraq multilocular hydatid disease has been reported once in addition to the present case.⁽³⁻⁵⁾

The clinical presentation of hydatid disease depends on the size and site of the cyst. Some patients are asymptomatic while others may develop dysfunction of involved organs. The hepatic hydatid cyst can induce a stricture jaundice and abdominal pain.

Pulmonary hydatid cysts produce chronic cough, dyspnea, pleuritic chest pain and hemoptysis. Anaphylactic inflammatory complications may result from free rupture of the cysts as well. Pre-operative clinical diagnosis of hydatid cyst was made ultrasonically and confirmed by a CT scan. These are the best tests to differentiate hydatid cyst from amoebic or pyogenic cysts.⁽²⁾

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