



Image of the month

Hydatid cyst with gastric fistula

Quiste hidatídico fistulizado a estómago



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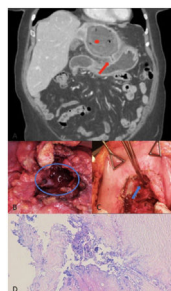


Fig. 1

A 75-year-old woman consulted for febrile fever of several weeks' duration. Computed tomography showed an 11 cm lesion in the left hepatic lobe with fistulisation to the gastric corpus indicative of an over infected hydatid cyst causing significant hepatic atrophy due to compression (Fig. 1A). Serology for *Echinococcus granulosus* was positive confirming the diagnosis of hepatic hydatidosis.

Treatment with albendazole (400 mg/12 h) was initiated. She underwent surgery 3 weeks later, with complete cystopericystectomy in the left lateral sector, including the fistulous tract with raffia of the gastric orifice (Fig. 1B,C), and partial cystopericystectomy of the uncomplicated cyst in segment IV. The evolution was favourable and the patient was discharged on the seventh day.

The pathological result reported acellular material compatible with an inactive hydatid cyst (Fig. 1D).

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Conflict of interests

None of the authors declare any conflict of interest.

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