

Multivisceral Hydatidosis in a 5-Year-Old Boy

Hydatid disease (HD) is an important medical, social, and economic problem in many Mediterranean and Middle Eastern countries.¹ The incidence of surgical HD in Tunisia is 15 cases per 100000 population per year.² Multivisceral HD has been reported in adults. However, this disease is extremely rare in children.^{3,4} Surgical treatment of multivisceral sites usually requires simultaneous or successive surgical interventions, leading to an increased risk of complications.⁵ To the best of our knowledge, this is the first report of multivisceral hydatidosis with the involvement of both lungs, liver, and kidney in a child. Written informed consent was obtained from the legal guardian of the patient to publish this case and accompanying images in scientific journals for research and educational purposes.

In December 2016, a 5-year-old boy presented to the emergency department (Hedi Chaker Hospital, Sfax, Tunisia) with complaints of cough, fever, and abdominal pain of around 15 days' duration. The patient lived in a rural area with exposure to animals. On examination, he had a temperature of 38.5 °C, respiratory rate of 16 breaths/min, heart rate of 88 beats/min, and arterial blood pressure of 100/60 mm Hg. Cardiopulmonary auscultation was normal. Abdominal examination revealed no hepatomegaly or splenomegaly. Chest X-ray showed bilateral lung opacities (figure 1). Computed tomography scan showed large, cystic, multilocular lesions in both lungs, liver, and left kidney (figure 2). Hydatid serology (enzyme-linked immunosorbent assay [ELISA]) was positive. The patient underwent 2-stage surgery of the lung hydatid cysts. Albendazole (GlaxoSmithKline, England) therapy was started 15 days before the first surgery and was continued postoperatively. A 3-month follow-up visit revealed a healthy and asymptomatic boy. The liver hydatid cyst excision will be performed.



Figure 1: Chest X-ray shows bilateral lung opacities.

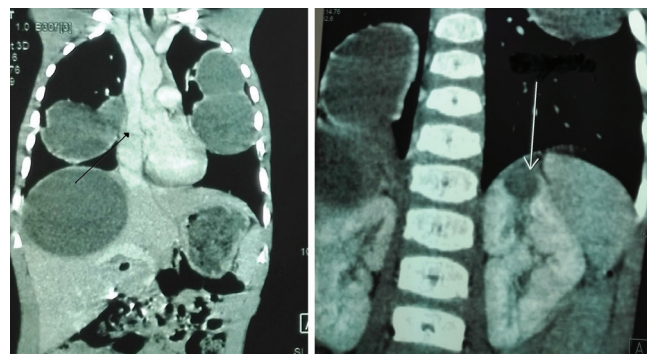


Figure 2: Computed tomography scan shows large, cystic, multilocular lesions in both lungs, liver, and left kidney (white arrow). The black arrow shows the intrapericardial superior vena cava and the right atrium.

Conflict of Interest: None declared.

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