

## Unusual Intra-Cardiac Multicystic Mass (Hydatid Cyst)

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A 26 year old man having progressive dyspnoea and intermittent, paroxysmal palpitation since 10 years, presented with regular pulse rate 160/min, blood pressure 110/70 mm Hg and gallop rhythm with basal crepitations. ECG revealed RBBB pattern with global T wave inversion and normal routine investigations. 2D ECHO (**Fig. 1**) and Cardiac MRI (**Fig. 2**) were suggestive of multiple daughter hydatid cysts, arising from inter-ventricular septum and encroaching the left ventricular cavity with normal valves and pericardium. He was treated with Frusemide, Albendazole 400 mg twice daily and the cysts were removed surgically (**Fig. 3**) Post op 2D echo showed clearance (**Fig. 4,5,6**) Patient is asymptomatic for more than 1 year on followup post-operatively. Slowly enlarging echinococcal cysts are generally asymptomatic and most commonly involve the liver and lungs. Isolated cardiac hydatid is unusual and surgical removal is the treatment of choice followed by Albendazole therapy for two years or indefinitely. Echinococcosis can be prevented by vaccination or administering Praziquantel to infected pets.

### References :

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**Fig. 1 :** Panel A-PLAX, Panel B-PSAX at PAP MUS, Panel C-APICAL 4C views showing

Multiple daughter hydatid cysts, arising from inter-ventricular septum and encroaching the left ventricular cavity with normal valves and pericardium.



**Fig. 2 :** Cardiac MRI showing multiple cysts in LV cavity



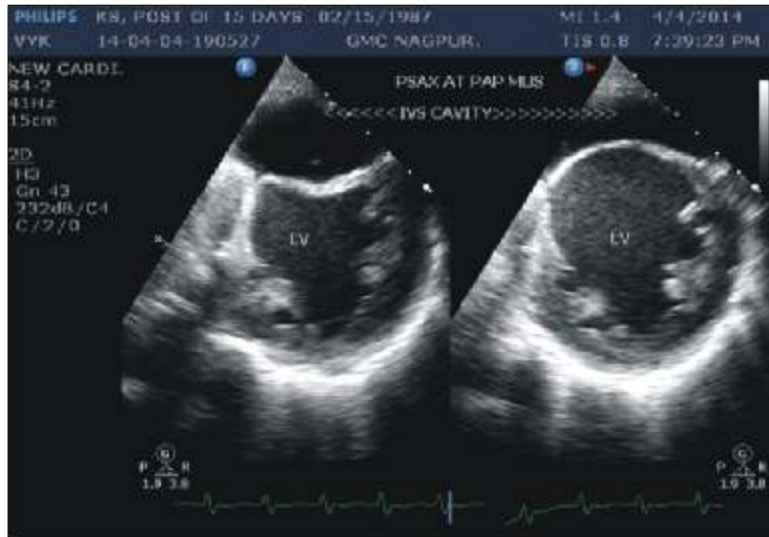
**Fig. 3 :** Multiple Hydatid Cysts removed after surgical intervention



**Fig. 4 :** 2D Echo Apical 4chamber post op 15 days shows Clearance of Cyst & cavity in IVSIVS



**Fig. 5 :** 2D Echo PLAX view clear cavity &



**Fig. 6 :** 2D Echo PSAX pot op 15 days Clear cavity