



Internal Medicine Flashcard

A calcified cyst in the liver

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1. Indication

Chest radiography performed during the general health check-up of a 60-year-old herdsman revealed a round, calcified lesion in the right upper quarter of the abdomen (Fig. 1a). The patient did not present with fever, poor appetite, abdominal pain, jaundice, or body weight loss. He had no specific complaints, and his physical examination was unremarkable. Abdominal computed tomography (CT) revealed a well-defined cystic lesion with a rim calcification in the liver (Fig. 1b). No enhancing solid portion or septum was detected in the lesion.

What is the diagnosis?

2. Discussion

A review of the medical history revealed that the patient had suffered from hydatid disease approximately 30 years previously and had received medical treatment at that time. Therefore, the solitary calcified cyst detected in CT was a late sequel of echinococcosis.

Hydatid disease is a parasitic infestation by *Echinococcus*, which can result in cyst formation in any organ. The most frequently affected organs are the liver (75%) and the lungs (24%), but multiple organ involvement can also occur [1]. These cysts can be classified into four types according to their appearance: (I) simple and clear cyst with no internal architecture, (II) cyst with daughter cyst(s) and matrix, (III) calcified cyst or dead cyst, and (IV) complicated cyst [2]. The cyst presented in this case was type III. The differential diagnoses include simple cyst, liver abscess, epidermoid cyst, and neoplasm. Surgical removal of the cysts is the most common treatment often in combination with specific anti-parasitic drug therapy [3].

Competing interests

There are no competing interests.

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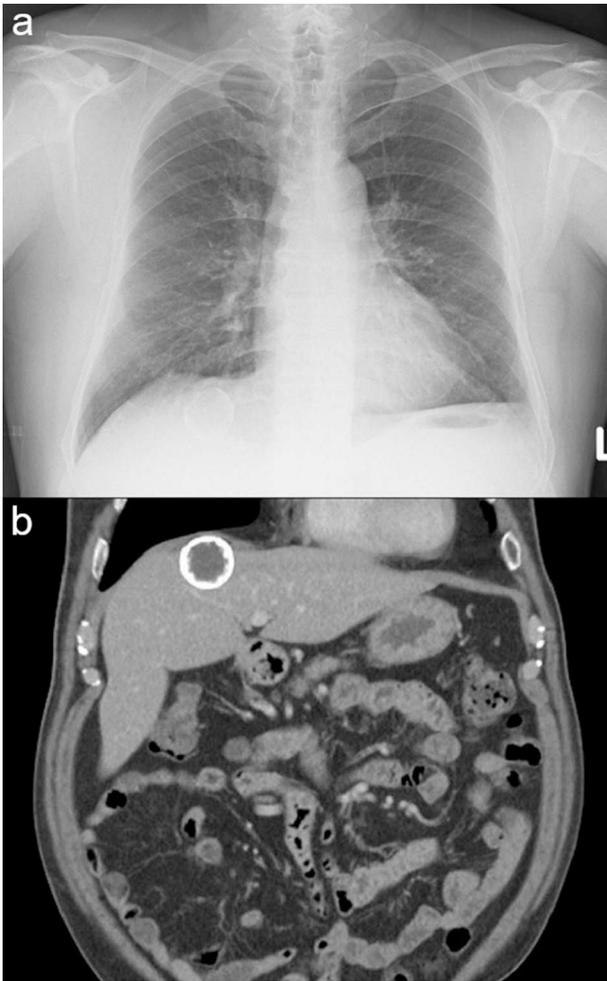


Fig. 1. a) Chest radiograph showing a round opacity with a rim calcification in the right upper quarter of the abdomen. b) Abdominal CT scan showing a well-defined cystic lesion with a rim calcification in the liver.

References

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