To the Editor

Echinococcosis is a zoonosis caused by adult or larval stages of cestodes. The infestation is usually seen in liver and lung and rarely involves bone, brain, thyroid, spleen and heart.\(^1\) Intraperitoneal \textit{E. granulosus} has been very rarely reported in the literature; to our knowledge three times before.\(^2,3\) Herein, we present a new case that had intraperitoneal cyst hydatid which was diagnosed by radiological and fine needle aspiration.

A 64-year-old woman was admitted with a history of abdominal pain and nausea for 14 days. The medical history have been had lung hydatid disease. Abdominal examination revealed mild tenderness at left lower abdomen. Laboratory findings were as follows: Hemoglobin 11.2 gm/dl; white-cell count 4530/ml with 19.2% eosinophils (total eosinophil count 870/mm), platelet count 272.000/mm. Indirect hemagglutination (IHA) test for \textit{E. granulosus} was positive.

Abdominal sonography revealed a large septated cyst measuring of 10 × 6 cm in the intra-abdominal cavity (Fig. 1). Computed Tomography (CT) of the abdomen (Fig. 2) showed a cystic lesion, 10 × 6 × 4 cm in diameter, in left pelvic cavity. Ultrasound-guided needle biopsy of the lesion showed only clear fluid. Microscopical examination of the biopsy specimen revealed hooklets and scolexes that referred as cyst hydatid.

She underwent elective excision of cysts. She was discharged without symptoms 20 days after admission and prescribed 10 mg/kg of albendazole orally twice a day. At the follow-up, she remained symptom free with normal laboratory findings.

In the present case, intraperitoneal localization of hydatid cyst was atypical and unusual. Fine needle aspiration cytology (FNAC) is a diagnostic tool for hydatid disease in some clinically unsuspected cases with atypical localization as in our case. Hesitations derive from complications, like anaphylactic reactions, implantation and/or dissemination of disease. However, these complications are very few in large series.\(^4,5\) Thus, if there is any doubt about the differential diagnosis, FNAC can be managed safely.
REFERENCES