



## PP-142

### Solitary hydatid disease: an uncommon cause of soft tissue mass of the extremities.

#### Report of 2 cases

E. Goldenitsch<sup>1</sup>, F. Machacek<sup>1</sup>, C. Jarius<sup>2</sup>, P. Ritschl<sup>1</sup>

<sup>1</sup> Gersthof Orthopaedic Hospital, Vienna, Austria

<sup>2</sup> Department of Pathology, Otto Wagner Hospital, Vienna, Austria

**Introduction:** Cystic echinococcosis (CE) or hydatid disease is a zoonosis caused by *Echinococcus granulosus*. Its natural cycle is as a cyst in sheep and as a tapeworm in dogs. Humans become infected by ingesting food or water contaminated with dog's faeces containing the eggs of the parasite or when they handle infected dogs. In Austria CE is a rare disease with only sporadic occurrence (2009-2013: 6,4 reported cases per year). Most infections are diagnosed in immigrants from countries where CE is endemic such as the Mediterranean region. The most frequently affected organs are the lung and liver, whereas solitary involvement of muscles and skin (2,2%) or bone (0,6%) is very uncommon<sup>1</sup>. We report two cases of solitary hydatid disease of the extremities treated at our institution in 2007 and 2014.

**Case 1A:** 56-year old woman originating from rural Turkey presented with a slow growing mass of the gluteal region, noticed first 12 months ago and recently causing pain. MRI revealed a multi-cystic subcutaneous lesion involving the gluteus maximus muscle measuring 20 cm. CE was confirmed by open biopsy, the patient underwent resection of the cysts two weeks later.

**Case 2A:** 44-year old man who had recently immigrated to Austria from eastern Turkey presented with a painful soft tissue mass of the lateral thigh with inflammation of the overlying skin and imminent perforation. X-ray and MRI showed an abscess-like formation with involvement of the greater trochanter. Aspirate culture was negative. However resection of the lesion and high speed burring of the affected bone were performed suspecting a chronic bacterial infection. Histology of the specimen revealed CE.

In both cases staging with CT scan of chest and abdomen showed no further lesions. Adjuvant medical treatment consisted of Albendazole administered orally for a minimum of three months. MRI scan and serological tests at last follow up showed no evidence of recurrence.

**Conclusion:** Solitary hydatid disease adds to the broad spectrum of differential diagnoses in examining soft tissue masses. 1Eckert J, Deplazes P. Biological, epidemiological, and clinical aspects of echinococcosis, a zoonosis of increasing concern.

**References:** Clin Microbiol Rev. 2004 Jan;17(1):107-35.