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## PP-199

## Hydatid cyst of the knee mimicking a tumor: a case report

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**Introduction:** Hydatid disease is a rare and endemic disease and two species of the tapeworm Echinococcus are mostly responsible: E. granulosus and E. multilocularis. Osseous hydatidosis accounts for 0,2-4% of all cases and the spine is affected in almost half of the cases. We present an interesting case of knee hydatidosis, which was initially considered to be a local malignancy.

**Methods:** A 57-aged male patient, presented with left knee tenderness and ipsilateral knee-thigh oedema, weight loss, cachexia and night fever. There was no history of trauma. However, the patient sustained a dog bite in the medial mid-third side of the left thigh 7 years ago and 2 years later he reported local erythema which was self-limited. Blood tests and radiological findings were non-specific (CRP =11,2mg/L and knee arthritis) and the patient was admitted to our hospital. An MRI was performed and the dominant findings were multiple cysts, synovial thickening and bone edema. The differential included PVNS, synovial sarcoma, lymphoma, brucellosis and hydatidosis. The staging was negative and an open biopsy was performed. Most of the cysts were removed and biopsies were taken, followed by extensive washing. The cysts were found to contain transparent fluid, while histology confirmed the diagnosis of hydatid cysts.

**Results:** The clinical image of the patient improved, oral albendazole and praziquantel were administrated and the patient was discharged 7 days post-op. During the follow-up the patient relapsed at five, six and 6,5 years post-operative. Each time surgical debridement was performed followed by an oral course of antiparasitic agents. During the last follow-up (8 years post-operative) the patient was disease free.

**Conclusion:** Osseous hydatidosis is an extremely rare disease with non-pathognomonic clinical signs and radiological findings. For patients who live in endemic areas or those with known hydatid disease, echinococcal infection must be included in differential diagnosis of knee swelling, even in the absence of adjacent bony involvement. The prognosis is often poor, the mortality and complication rate is high and many cases recur, as it is often impossible to radically excise the pathologic tissue.