

Pancreatic Cyst Hydatid Disease

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INTRODUCTION

Hydatid cyst which caused by *Echinococcus granulosus* parasite is usually seen in liver and lung, it can also be seen in any organ and soft tissue. In the literature, the incidence of isolated pancreatic hydatid cyst is reported as 0.14%- 2% [1]. The complaints of the patients vary according to the size and location of the cyst. Ultrasonography and cross-sectional images show the cyst anatomically but it is insufficient to diagnose the hydatid cyst. Serological tests are not always helpful in diagnosis. In this case, we present a patient with pancreatic cyst on cross-sectional imaging and diagnosed as pancreatic hydatid cyst after endoscopic ultrasonography Fine Needle Aspiration (EUS-FNA)..

CASE

A 61-year-old male patient who had epigastric pain for 6 months with no known disease history was referred to our clinic to perform EUS because his computerized tomography had showed a 3 cm cyst showing peripheral calcification in the tail section of the pancreas (Figure 1) and findings consistent with chronic pancreatic. Laboratory tests of the patient were normal. A linear EUS examination showed a calcified, heterogeneous, irregularly circumscribed, hypoechoic lesion with a diameter of approximately 2 x 3 cm in the pancreatic corpus-tail section (Figure 2a-2b), and a Fine Needle Aspiration biopsy (FNA) was performed from this lesion. Pathological examination revealed a fragment and calcification consistent with hydatid cyst lamella membrane (Figure 3a-3b). The patient who had no other organ involvement on imaging was diagnosed as isolated pancreatic hydatid cyst.

RESULT

It is often difficult to make a differential diagnosis of pancreatic cystic lesions. Hydatid cyst of the pancreas is often confused with cystic lesions of the pancreas. Ultrasonography and cross-sectional images show the cyst anatomically but not enough to diagnose the hydatid cyst. Serological tests are not always helpful in diagnosis. They have with a specificity about 85% [2]. EUS-guided FNA increased the rate of diagnosis of hydatid cyst in the pancreas which is a rare involvement. This method shows up as an important diagnostic tool that prevents unnecessary surgical intervention. Although isolated pancreatic involvement of cyst hydatid disease is rare, it is an antithesis that should be kept in mind in the differential diagnosis with cystic lesions of the pancreas in the regions where the disease is common.

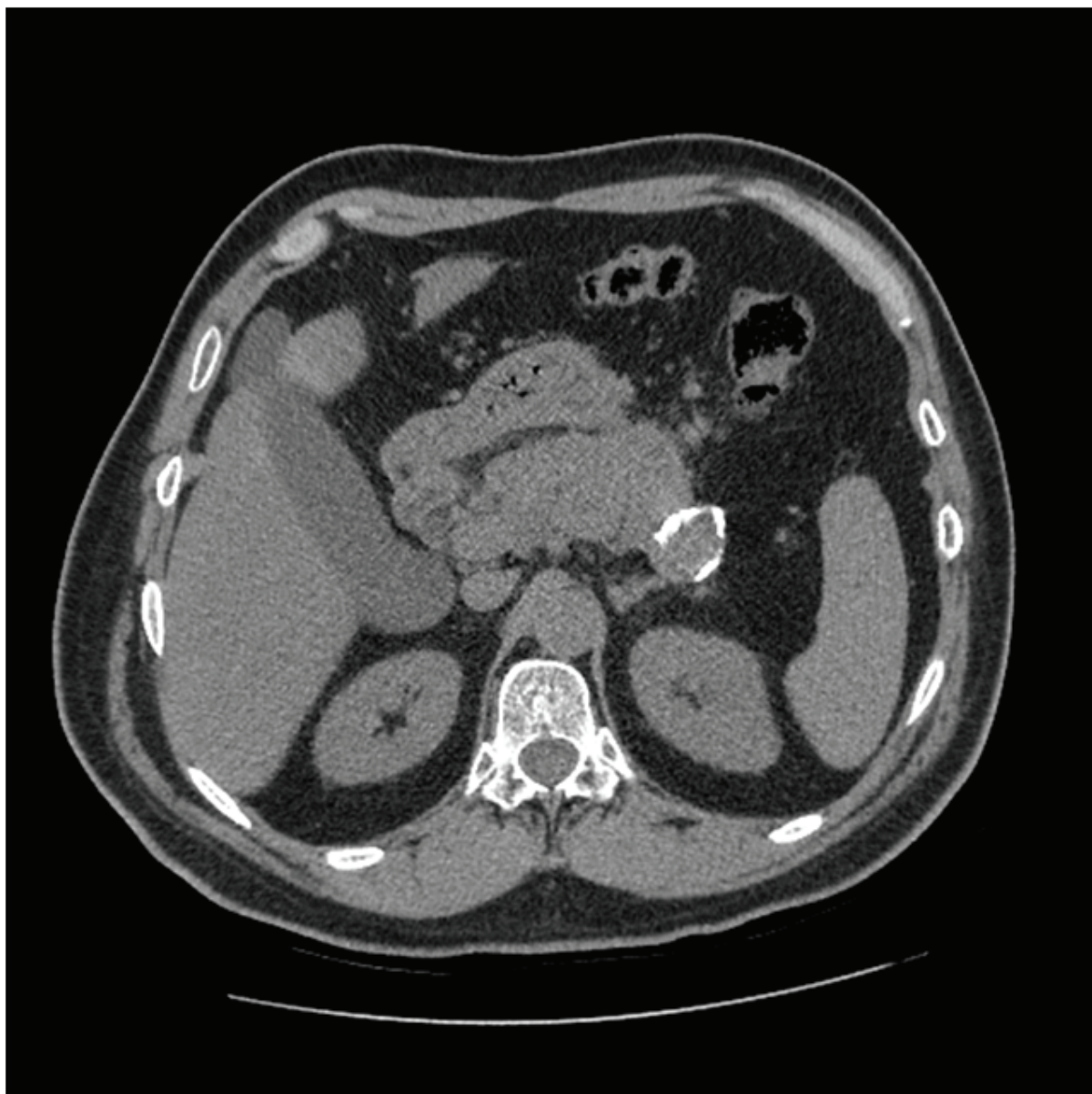
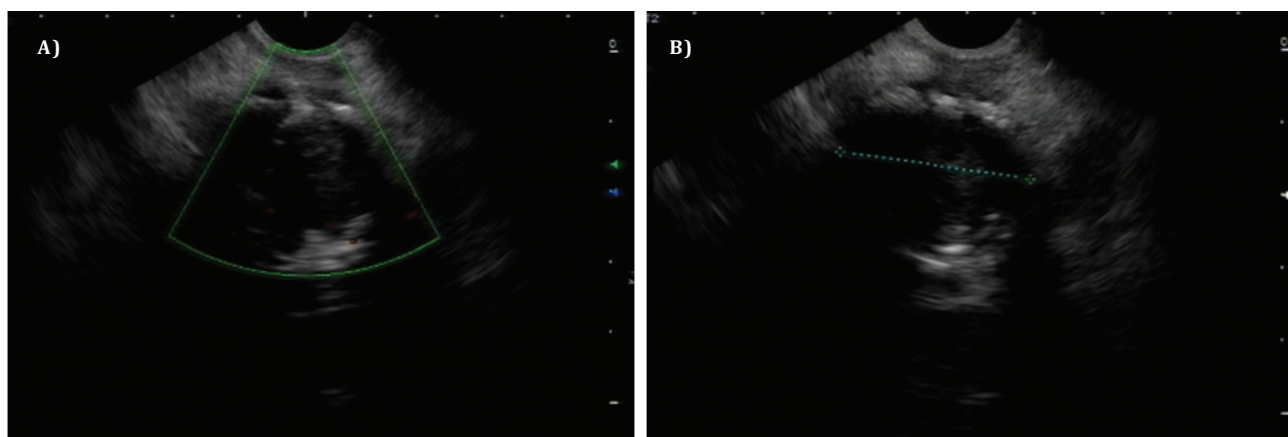
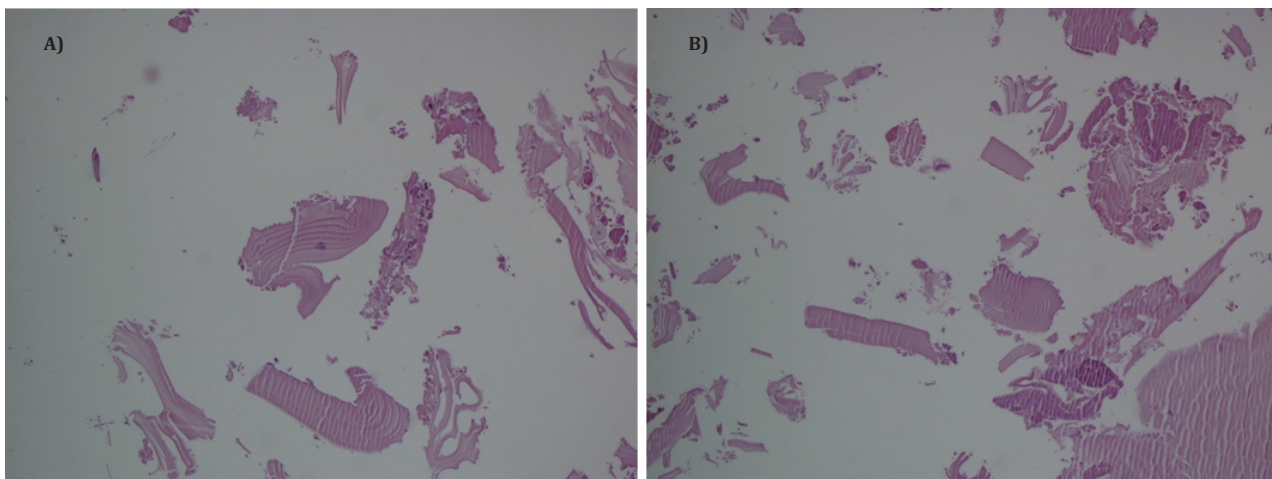


Figure 1: Cross sectional image of pancreatic cyst



Figures 2a-2b: Appearance of the lesion during EUS



Figures 3a-3b: Pathological examination revealed a fragment and calcification consistent with hydatid cyst lamella membrane (H&Ex10)

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