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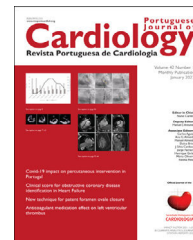


IMAGE IN CARDIOLOGY

Cardiac hydatid cysts: Please do not waste time

Cistos hidáticos cardíaco: por favor, não perca tempo

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A 19-year-old man presented to the emergency department with dyspnea for two weeks not associated with effort. The physical examination was unremarkable. Electrocardiography showed left anterior divisional and right anterior fascicular block. Transthoracic two-dimensional echocardiography revealed multiple cysts in the interventricular septum (Figure 1A and B and Video 1). Further assessment with abdominal ultrasound showed that there were no other cysts. The diagnosis of hydatid cysts was established after serologic testing by ELISA was positive for hydatid cyst antibodies. The patient was treated medically with albendazole 400 mg twice daily. However, he died, presumably from ana-

phylactic shock, three weeks into hospitalization and an autopsy was not performed.

Isolated cardiac hydatid disease is rare and can lead to life-threatening complications such as ventricular or inter-ventricular rupture, pericardial effusion with tamponade, heart failure, or arrhythmias.^{1,2} Cardiologists should be aware of this diagnosis in developed countries as the number of cases of cardiac cystic echinococcosis will increase as a result of migration.

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Conflicts of interest

The authors have no conflicts of interest to declare.

Appendix A. Supplementary data

Supplementary material associated with this article can be found in the online version at [doi:10.1016/j.repc.2023.08.009](https://doi.org/10.1016/j.repc.2023.08.009).

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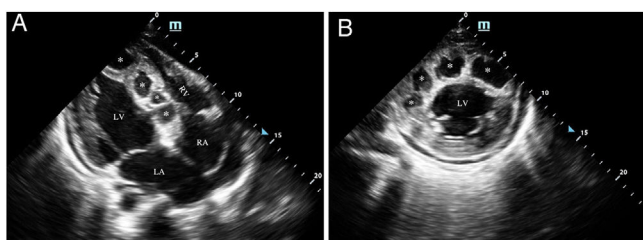


Figure 1 (A) Two-dimensional (2D) transthoracic echocardiography showing multiple hydatid cysts in the interventricular septum in 4-chamber view; (B) 2D transthoracic echocardiography showing multiple hydatid cysts in the interventricular septum in left ventricular short-axis view.

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