



## Hydatid Cyst of Chest Wall Mimicking As a Fibroadenoma – A Case Study

### KEYWORDS

Hydatid cyst, Chest wall, Fibroadenoma, FNAC

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**ABSTRACT** According to my experience I have come across a hydatid of chest wall mimicking as a Fibroadenoma clinically. With intrinsic mobility like a mouse in the breast. Excisional biopsy done and surprisingly reported as hydatid cyst. During excision the cyst explored found to be behind the pectoralis major. After retraction of pectoralis major cystic mass was approached.

### Introduction :

To the best of my knowledge, it is rare presentation of hydatid in the chest wall mimicking as Fibroadenoma of breast. Due to its site i.e., upper outer quadrant having a clinical resemblance of Fibroadenoma case was subjected to excisional biopsy instead of further evaluation.

### Case Report :

A 25 years old patient presenting with swelling of left upper outer quadrant of the breast of 2 months duration. There was no history of close contact with pet animals on examination there was a 8 x 6 cms round swelling on the left upper outer quadrant of breast, the swelling was freely mobile and firm in consistency. Further there evaluation was not done as the case was typically appearing clinically as Fibroadenoma.

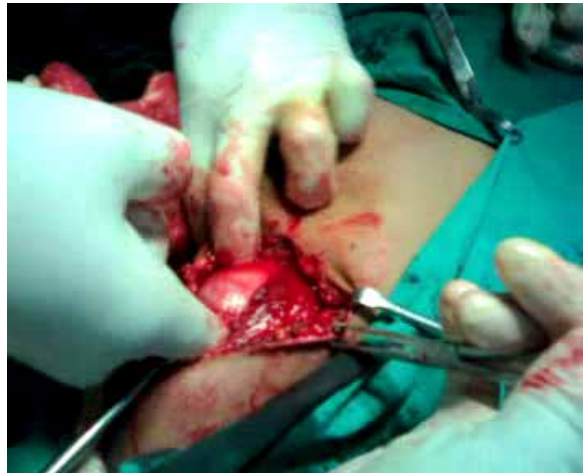
The patient was subjected for excision under short general anaesthesia and found to be present behind the pectoralis major muscle (Figure.1&3). After retraction of the pectoralis major the cyst was seen totally excised without rupture (Figure. 2). The specimen sent for biopsy reported as hydatid cyst.



**Figure -2**  
Figure showing entire Hydatid Cyst exposed



**Figure-1**  
Retraction of Pectoralis Major muscle retraction



**Figure -3**  
Both Hydatid cyst and Pectoralis Major muscle

### Discussion :

Hydatidosis dose result from the deposition of the larval

form of echinococcus, a genus of tape worm. The most common site of hydatid cyst is the liver followed by lungs<sup>1</sup>. The incidence of the bone disease is extremely low as most larvae are trapped by the liver and lung upon release of the embryo into the portal blood stream<sup>2</sup> of hydatid disease of bone, vertebrae and pelvis are favoured sites<sup>3</sup>. Osseous hydatidosis especially when located in the rib is a rare disease<sup>4</sup>. Even in countries where echinococcosis is endemic the chest wall is a rare site for hydatid disease<sup>5,6,7</sup>. Only isolated sporadic cases have been reported in the literature<sup>5</sup>.

Hydatid disease of the chest wall can present as swelling confusable with tumors or rib fracture<sup>8</sup>. In this case it presented as a Fibroadenoma of left breast.

The cystic lesions may show a honey comb appearance, pathological fracture, bone expansion conceal injury<sup>9</sup>.

FNAC is a safe diagnostic approach in the evaluation of suspected hydatid disease. The presence of acellular laminated membrane with or without evidence of hooklets or scolices confirms diagnosis of hydatid cyst<sup>10</sup>. Diagnosis is made on the combined clinical pathological and laboratory data assessment<sup>4</sup>. Operative procedures for chest wall echinococcosis are cystectomy, cystostomy and evacuation.

### Conclusion:

Primary hydatid disease of the chest wall is extremely rare. Chest wall hydatid disease should be considered in the differential diagnosis of any chest wall swelling. One of the uncommon sites of echinococcosis seen in endemic countries is chest wall<sup>11</sup>.

This case illustrates that in the absence of a high index of suspicion for echinococcal infection even for the cystic lesions of chest wall can lead to misinterpretation<sup>2</sup>. Fine needle aspiration biopsy is a safe diagnostic approach in the evaluation of suspected hydatid disease.

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