



TRANSDIAPHRAGMAL RUPTURE OF ECHINOCOCCAL CYST OF THE SPLEEN INTO THE LEFT PLEURAL SPACE - CASE REPORT

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Background:

Echinococcal disease is a zoonosis caused by *Echinococcus granulosus*. In adults, the most common affected organ is the liver, followed by the lungs. The spleen is rarely affected in echinococcal disease. The prevalence of spleen involvement varies from 0.9% to 8%.

Conclusion:

Echinococcal splenic cyst with transdiaphragmal rupture into the pleural space is a rare phenomenon. It requires radical surgery and long-term anthelmintic therapy. In the differential diagnosis of cold empyema of the pleura, echinococcal infection should be etiologically considered, especially in countries where echinococcosis is an endemic disease.



Case:

63-year-old man was hospitalized at the Department of Pulmonary Diseases and Tb because of an extensive left pleural effusion. The dominant symptom was dyspnea without clinical symptoms and signs of acute respiratory tract infection. An urgent MSCT of the thorax verifies a larger left pleural effusion (from apex to base, different absorption values), and previously verified larger echinococcal cyst of spleen with a diameter of 90mm (compresses and lifts the diaphragm cranially). Thoracic drainage was performed, 2400ml of punctate was evacuated which had biochemical characteristics of empyema. Thoracic drain was removed after 8 days and the patient was discharged home on the 14th day of hospitalization. In three weeks, the pleural effusion reaccumulates which is why the patient is rehospitalized to the Department of Pulmonary Diseases and Tb. A control MSCT of the thorax and abdomen is performed, which verifies larger left pleural effusion, subdiaphragmatic echinococcal cyst of the spleen, and left diaphragm altered by echinococcus infiltration. Albendazole therapy 400mg 2x1 was started. An operation is performed - left thoracotomy, frenotomy, total splenectomy, chest and abdominal drainage. Intraoperatively was found a transdiaphragmatic rupture of the splenic cyst into the left pleural space with visible numerous smaller cysts on the pleura. The postoperative course was complicated by secondary infection of Staphylococcus coagulase, with the development of an abscess of the left lung with size of 158x83x165mm, and subdiaphragmatic abscess size of 87x55mm. A reoperation was performed - left rethoracotomy, lung decortication with evacuation of purulent material, parietal and visceral pleurectomy, atypical resection of the lingula, resection of the diaphragm and drainage of the left chest and supradiaphragmatic space. The operation and postoperative course went well. The patient continued long-term therapy with Albendazole. Regular follow-up of the patient so far does not indicate signs of recurrence of echinococcus infection.