

## A Tumor Lesion Mimics A Pulmonary Hydatid Cyst

M. Rhaouti<sup>1\*</sup>, F. Lamouime<sup>1</sup>, M. Lakranbi<sup>1,2</sup>, Y. Ouadnoui<sup>1,2</sup>, M. Smahi<sup>1,2</sup>

<sup>1</sup>Service de chirurgie thoracique, hôpital universitaire de Fès.

<sup>2</sup>Faculté de Médecine et de Pharmacie Sidi Mohammed Ben Abdellah

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### Corresponding Author:

M. Rhaouti

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### ABSTRACT

The first patient, a 62-year-old with chronic cough and hemoptysis, underwent surgical resection after initial antibiotic therapy for infectious pneumopathy. Imaging revealed a cystic lesion in the left upper lobe, with a calcified hepatic cyst also detected. Surgical exploration led to an unexpected diagnosis of pleomorphic lung carcinoma.

In the second case, a 69-year-old woman with chronic cough was found to have a ruptured hydatid cyst in the lower left lobe. Surgical intervention, guided by the lesion's appearance, revealed an adenocarcinoma of acinar architecture.

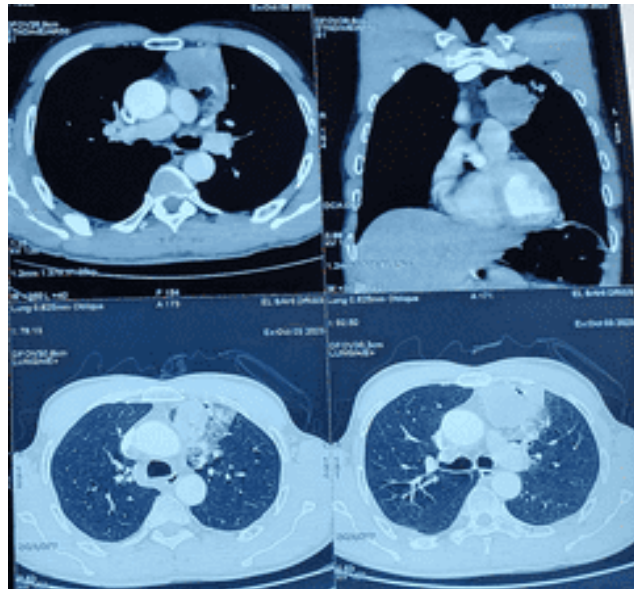
These cases emphasize the importance of considering various differential diagnoses for pulmonary cystic lesions, requiring a comprehensive evaluation including radiological findings, clinical symptoms, and medical history to guide appropriate management decisions.

### Observation 1 :

We report the case of a 62-year-old patient with no notable medical history, and who presented with chronic productive tussis and mild hemoptysis. We performed both a chest X-ray (Figure 1) and a chest CT scan (Figure 2)."

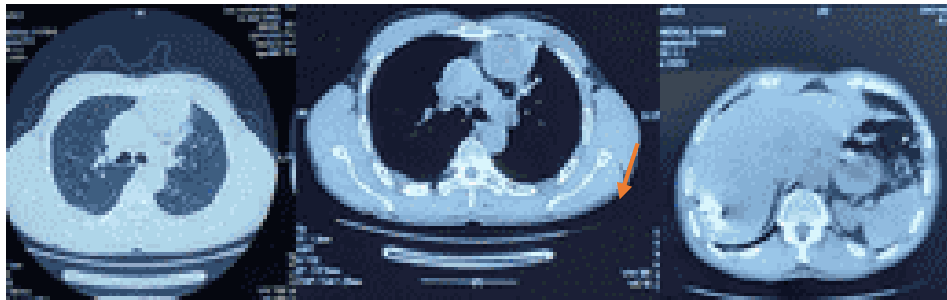


Figure 1: Chest X-ray shows a poorly defined mass in left lower pulmonary tissue



**Figure 2: Thoracic CT scan showing a cystic lesion in the left upper lobe with associated pneumopathy.**

The patient was at first prescribed bi-antibiotic therapy for the infectious pneumopathy, then he was referred to us for surgical resection of the cystic lesion. A thoraco-abdomino-pelvic CT scan + brain (figure 3) was performed, and we found another calcified hepatic cystic lesion. The case was discussed in a multidisciplinary consultation, and the diagnosis of hydatid cyst was retained. Surgical resection was deemed the best choice of action.



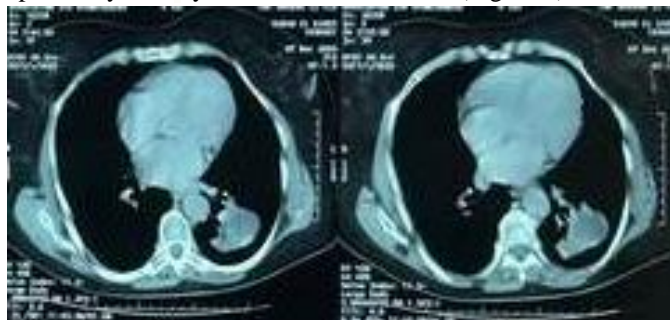
**Figure 3: Persistence of the cystic lesion with regression of pneumopathy around it, and presence of a calcified hepatic cystic lesion (arrow)**

The patient underwent surgery. During the exploration, the lesion had suspect atypical characteristics, which led us to perform an upper left lobectomy with mediastinal lymph node resection.

The pathological examination confirmed the diagnosis of a pleomorphic lung carcinoma

**Observation 2 :**

The patient was a 69-year-old woman with hypertension under treatment, admitted for management of chronic dry cough. A thoracic scan was performed, revealing a ruptured hydatid cyst in the lower left lobe (Figure 4).



**Figure 4: Thoracic CT scan showing a cystic lesion in the left lower lobe.**

The patient underwent a conservative postero-lateral thoracotomy passing through the 6th intercostal space, due to the nodular and hard appearance of the lesion, which suggested a tumor. A lower lobectomy with lymph node dissection was performed.

The pathological examination confirmed the diagnosis of an adenocarcinoma of acinar architecture, primary pulmonary

When evaluating pulmonary cystic lesions, it's crucial to note that not all are hydatid cysts. In addition to radiological features, symptoms like chest pain, persistent cough, shortness of breath, hemoptysis, and medical history, including exposure to animals and residence in endemic areas, are essential for accurate diagnosis. This comprehensive approach helps distinguish between various pulmonary cystic lesions and guides toward appropriate management

#### **REFERENCES**

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