

## The sudden death of a 6.6 year old girl due to anaphylactic shock caused by nonruptured echinococcal cysts of the left ventricle and the liver

Hidajeta Begić<sup>1</sup>, Jasminka Mustedanagić-Mujanović<sup>2</sup>,  
Elmir Čičkušić<sup>2</sup>, Husref Tahirović<sup>3</sup>

<sup>1</sup> Department of Paediatrics

<sup>2</sup> Department of Pathology and

<sup>3</sup> Department for research and education  
University Clinical Centre Tuzla  
Bosnia and Herzegovina

bbs.enes@bih.net.ba

Tel.: + 035 303 740

Fax: + 035 303 740

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E-mail for permission to publish:  
amabih@anubih.ba

A 6.6-year-old girl presented for left sided cardiac enlargement on chest radiography (Panel A). Three years earlier she had undergone a lobectomy of the lower lobe of the left lung for extraction of an echinococcal cyst. After that she was well, without any medication. There was a 3/6 systolic murmur at the heart apex with ECG signs of left ventricular hypertrophy.

An echocardiogram showed the dilated left ventricle, LVDd 50 mm, filled with a cyst 45 x 35 mm in diameter (Panel B), with moderate mitral regurgitation and normal aortic flow. A CT scan showed a cystic lesion in the lumen of the left ventricle, 50 x 40 mm and in the left

lobe of the liver one of 60 x 60 mm (Panels C and D). During the first cycle of treatment with abendazol the child suddenly died due to anaphylactic shock reaction.

At the autopsy expressed generalized cyanosis was found. The presence was established of an intact echinococcal cyst, 40 x 50 mm in the interventricular septum of the heart with reduction of the lumen and hypertrophy of the wall of the left ventricle, (Panel E). By microscope eosinophilic myocarditis was found. The medial part of the left lobe of the liver was enlarged due to an echinococcal cyst, 100 x 60 mm with the signs of eosinophilic inflammation at the neighbouring parenchyma. On the lungs an oedema was noted, with microscopic bleeding and eosinophilic interstitial inflammation, but with no elements of an echinococcal cyst.

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