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## Hydatid cyst : one disease, multiple faces!

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**Background:** Hydatid cysts are caused by the larvae of a tapeworm called *Echinococcus granulosus*. This parasitic infection occurs worldwide and it remains endemic in our country especially in sheep farming areas. Although it is qualified as benign, hydatid disease is a serious and potentially fatal condition. The aim of our study was to determine the clinical, biological and therapeutic characteristics of hydatid cysts.

**Material/methods:** Through a retrospective study (1990-2016), all patients infected with *Echinococcus granulosus* and who were admitted in the Department of Infectious Diseases were enrolled. We reviewed clinical and laboratory features as well as outcome issues.

**Results:** We have included 50 patients who were predominantly male (60%). The mean age was 40.7±17 years and 82% of patients were living in rural areas. A history of contact with animals was noted in 58%. The main symptoms were fever (50%), abdominal pain in right hypochondrium (32%), vomiting (20%) and/or thoracic pain (16%). Hydatid cysts were located mainly in the liver (74%) and lungs (32%). Other organs were involved such as kidneys (22%), spleen (10%) and heart (8%). Forty four patients (88%) had multiple localization. Laboratory findings included leukocytosis (42%), anemia (38%) and liver cytolysis (20%). The diagnosis was most easily set by abdominal ultrasound or computed tomography. Serology tests were positive in 88% of cases. Near 62% of patients were treated with albendazole only with a mean duration of 5 months. Surgery was needed in 37 cases (74%). Favorable outcome occurred in 44 cases (88%) and 6 patients experienced relapses (12%).

**Conclusions:** Hydatidosis remains a public health problem in endemic countries. It claims deep attention because of several clinical features and possible severe complications. Early diagnosis, prompt treatment and essentially preventive measures are cornerstones of favourable prognosis.