

00179 Echinococcosis in the north of Spain: an infrequent but not forgotten disease

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Background: Echinococcosis is a parasitic and chronic disease caused by *Echinococcus granulosus* or *E. multilocularis* frequent in certain areas of Spain. We describe the characteristics of a group of patients diagnosed with hydatidosis in northern Spain university hospital.

Materials/methods: Observational, retrospective and descriptive study of patients with echinococcosis admitted at a University Hospital of Cabueñes in Asturias, Spain between 2000-2017.

Results: Thirty-six patients were identified, 55.6% women, mean age: 64 years. All patients except two from Morocco were Spanish. All came from a rural environment. The diagnosis was casual in 63% of the patients, thirteen were asymptomatic and the rest had abdominal pain (19 cases), jaundice (5 cases) fever (2 cases) and anaphylaxis (2 cases). Six patients had eosinophilia (mean 3116 cells / mm³). Serology was positive in 12 patients. The most common location of the cysts was hepatic (26 cases) followed by splenic (2 cases). Eight patients had multiple localizations: in 4 hepatic-pulmonary, one hepatic-splenic, one hepatic and ovarian, one hepatic and peritoneum and other pulmonary, splenic and kidney. The size of the cysts ranged from 2 to 17 cm, mean 7.2 cm. Fourteen patients had more than one cyst. Hepatic cysts were complicated in 6 patients: fistula (3 cases), superinfection in two and cyst rupture in one. Treatment was surgical in 18 patients, in the rest due the calcification of the cyst opted to wait and see. Three patients received albendazole prior to surgery and two after it for 12 weeks. The most frequent surgical technique was pericyctstectomy in 11, hepatectomy in 5 and splenectomy in two others. Pulmonary localizations needed lobectomy. Postoperative complications appeared in five patients as local infection. Follow-up was performed on 67,7% of the patients during a mean of 7.3 years. No patient died but two relapsed after 9 and 16 years respectively.

Conclusions: Echinococcosis in Asturias is more typical in patients from rural areas, with contact in childhood and middle ages. In most cases these are calcified forms with no activity data, although patients with significant complications persist. Long-term follow-up is essential given the possibility of late relapse.