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Cardiac involvement in Hydatid Cyst

Betul Ozaltun

Nigde Omer Halisdemir University, Turkey

Echinococcal disease is caused by infection with the metacestode stage of *Echinococcus*. *Echinococcus* cause infection in humans; *Echinococcus granulosus* and *E. alveolaris* are the most common. The primary carriers are dogs and wolves, whereas the intermediate hosts are sheep, cattle, and deer. Humans, who are accidental hosts and do not play a role in the biological cycle, are infected by ingesting ova from soil or water contaminated by the feces of dogs.¹⁻⁴ When ingested, the eggs lose their enveloping layer in the stomach and release embryos. The embryos pass through the intestinal mucosa and reach the liver through the portal vein, where most larvae become trapped and encysted. Some larvae may reach the lungs, and occasionally, may pass through the capillary filter of the liver and lungs and enter the circulation. Cystic echinococcosis (hydatid cysts) is not common in developed countries, common in developing countries such as Turkey. Cystic echinococcosis (hydatid cysts) is common in societies in which agriculture and raising animals are common. Hydatid disease is endemic in many parts of the world. It may develop in almost any part of the body. The location is mostly hepatic (75%) and pulmonary (15%), and only 10% occur in the rest of the body. Cardiac involvement is uncommon. Only 0.02% to 2% of human hydatid cysts are seen in heart.⁷⁻¹¹ The most frequent the left ventricular

wall abundant which has more vascularity and although it may seen the right ventricle anywhere. The left heart access of the echinococcus embryo occurs by coronary circulation.⁶ The right side is from the venous pathway. For embryonic coronary circulation, there are two possibilities, patent foramen ovale or pulmonary circulation. Cardiac hydatid cyst can be asymptomatic or can cause any symptoms about its location. Clinical presentations of cardiac echinococcosis include arrhythmias, myocardial infarction, cardiac tamponade, pulmonary hypertension and sudden cardiac death. Angina can occur compresses a coronary artery. Mitral stenosis can be simulated when the cyst lies in the left atrium obstructing the cardiac outflow. When the cyst is located in the right heart the most common features are hepatomegaly, oliguria, ascites, or chronic cor pulmonale due to repeated pulmonary. From rupture of a cyst into the cardiac cavity a variety of allergic phenomena result, ranging from wheals to anaphylactic shock. Acute pericarditis may be caused by rupture of the cyst into the pericardial sac. The diagnosis relies on positive serologic testing and radiographic findings. The drug of choice for the treatment of echinococcosis is albendazole and or praziquantel. Surgery, when feasible, is the most common form of treatment for echinococcosis.

Biography

Betul Ozaltun completed her education Ankara University faculty of medicine, she studied at Adana numune hospital cardiology department between 2011-2015. For one years she is working in Omer Halisdemir university hospital.

betulozaltun@ohu.edu.tr

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