PROGRESSIVE CYSTIC ECHINOCOCCOSIS WITH EXTENSIVE INVOLVEMENT IN A CHILD: HOW LONG AND HOW TO TREAT?

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Introduction

Echinococcosis is a common zoonosis. The active agent in the majority of the cases in Turkey is *Echinococcus granulosus*. For treatment, albendazol and sometimes surgery is used. There is no consensus in the form and duration of drug administration. Our case is presented to highlight this issue.

Case

A 9-year old boy was admitted with headache, diplopia in the left eye and convulsions. There were no particularities in physical examination findings. In cranial imaging, a 6.5X7.5 cm cystic lesion, without contrast involvement, shifting right at centre-line, without oedema around was identified in the parietal lobe (Picture 1). Thorax and abdominal imaging identified multiple cystic lesions, compatible with stage-2 and 3 cystic echinococcosis, some containing septa some lobular (Picture 2-3). Bone and cardiac images were normal. In serological examination, *Echinococcus* -IHA and -IgG were positive. Albendazol and anti-convulsive therapy was started. The cyst in the brain parenchyma was removed by surgery. Surgical treatment was not considered for the other cysts. 2-year albendazol therapy was continued at 28-day administrations with 10-day intervals. The lesions were followed-up every 6 months. *Echinococcus* -IHA and -IgG continued to be positive. At the end of the 2nd year of treatment, albendazol therapy was ceased since there was no radiological progress in the lesions. In the radiological assessment made after eight months, there was no change in size and stage of the lung cysts, however, there were numerous 5-7mm, stage-1 lesions in the liver (Picture 4). Uninterrupted albendazol therapy was re-started.

Conclusion

Serological and radiological examinations are not helpful in determining the duration of treatment in echinococcosis cases. There is need for consensus in the form/duration of medical therapy and detailed guidelines on the follow-up of problematic cases.

Picture 1: Cranial MR imaging

Picture 2: Abdominal imaging

Picture 3: Thorax imaging