

A protracted infectious swelling on the neck

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A 13-year-old girl presented with a 2-year history of a slowly growing mass on her neck. She reported no other symptoms. Her family worked in animal husbandry. A painless, hard swelling was palpated on the left side of her neck (Figs. A&B). Laboratory tests were unremarkable. Computed tomography (CT) scans of the neck revealed a septated cystic lesion (Figs. C, D&E). The indirect

hemagglutination test for echinococcosis was positive (1/640). Cerebral and thoracic CT and abdominal ultrasonography, performed to detect the primary focus, were normal.

Hydatid cysts most frequently develop in the liver and lungs. The neck and head region is rarely involved.^[1] Clinicians should consider hydatid cysts in differential diagnosis of primary neck swellings. Proximity to vital structures poses a risk. Also, surgical removal of the complete cyst need attention without spillage of cyst contents in order to avoid anaphylaxis, recurrence, and metastatic hydatidosis.^[2]

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Competing interest: There are no conflicts of interest to declare.

Contributors: Kara SS proposed the study, wrote the first draft, and contributed to the design and interpretation of the study and to further drafts.

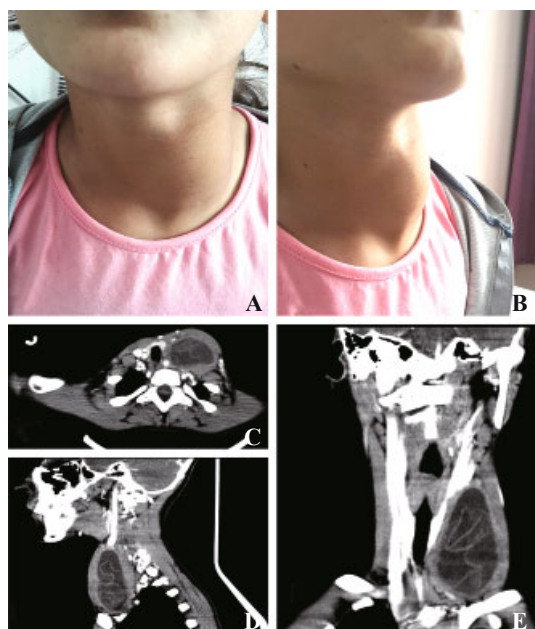


Fig. A&B: Anterior and lateral images of the lesion on the neck; **C, D&E:** Contrast enhanced axial, sagittal, and coronal computerized tomography images show a septated cystic lesion with water-lily sign, 4.5×6×3 cm in size, displacing the vascular structures, trachea, and esophagus to the left on the level of sternocleidomastoid muscle.

References

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