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Orbital hydatid cyst

Case illustration

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An orbital hydatid cyst is a very rare cause of proptosis, even in countries in which these cysts are endemic.[2–4] We report the case of an 8-year-old girl who presented with slowly progressive proptosis of the right eye that had begun 2 months earlier. Although the serological test in this case was not diagnostic, the clinical symptomatology and imaging findings inclined us toward the diagnosis of hydatid disease. Magnetic resonance (MR) imaging revealed a well-defined cyst measuring 22 × 22 × 25 mm located posteroinferior to the right orbit. The cyst appeared as a low-intensity signal on T_1-weighted images and as a high-intensity signal on T_2-weighted images. After an intravenous injection of Gd–diethylenetriamine pentaacetic acid the lesion exhibited capsular contrast enhancement on T_1-weighted images (Fig. 1 *left*). Complete evacuation was achieved via a lateral orbital (Krönlein–Berke) approach without perforating the cyst wall. Albendazole (200 mg twice daily) was administered orally for 2 months following the surgical procedure. There was no residual cyst on control MR images (Fig. 1 *right*).

Total evacuation of the cyst while avoiding rupture of the cyst walls is the only definite treatment for this disease. Anthelmintic regimens have considerable efficiency in preventing recurrences and surgical complications.[1,3,4] Even an orbital mass presenting with unilateral proptosis should implicate the diagnosis of hydatid disease in countries in which it is endemic.

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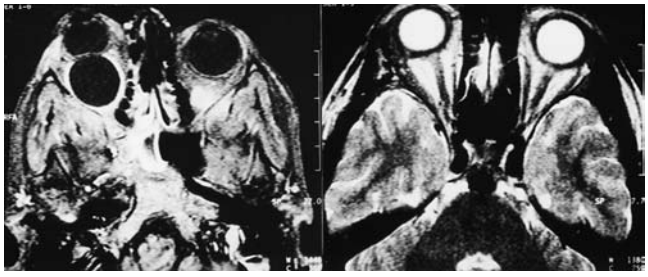


Fig. 1. *Left:* Contrast-enhanced T_1-weighted axial MR image demonstrating low signal intensity of the orbital mass and capsular contrast enhancement. *Right:* Postoperative image obtained 2 months following surgery demonstrating no signs of recurrence.

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