

Anaphylactic Shock and ARDS Due to Pulmonary Hydatidosis

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Perforation of hydatid cyst to pleural space or bronchi is an infrequent complication of hydatid cyst. The allergic reaction may occur after perforation cyst, but anaphylactic shock is rare. We report a 45-year-old man with a paroxysmal dyspnea, productive cough, fever and fatigue, respiratory rate 25 b/min and temperature 39°C. Chest radiograph showed a cavitory lesion in its inferior lobe (Fig. 1A). Hydatid cyst serology was positive. Three days after hospitalization, hypoxia and hypotension occurred. Due to ARDS, endotracheal intubation was performed and mechanical supportive ventilation initiated. The lung CT-scan showed a 6×7 cm cavitory lesion with a

slim wall and some internal membranes and a consolidation around it (Fig. 1B). Treatment initiated with antihistamine, intravenous corticosteroid, albendazol and norepinephrine. The patient was extubated successfully after 13 days. Thoracotomy and hydatid cyst excision were performed a week later. Finally, he discharged after 2.5 months of hospitalization. Albendazol discontinued after 4 months.

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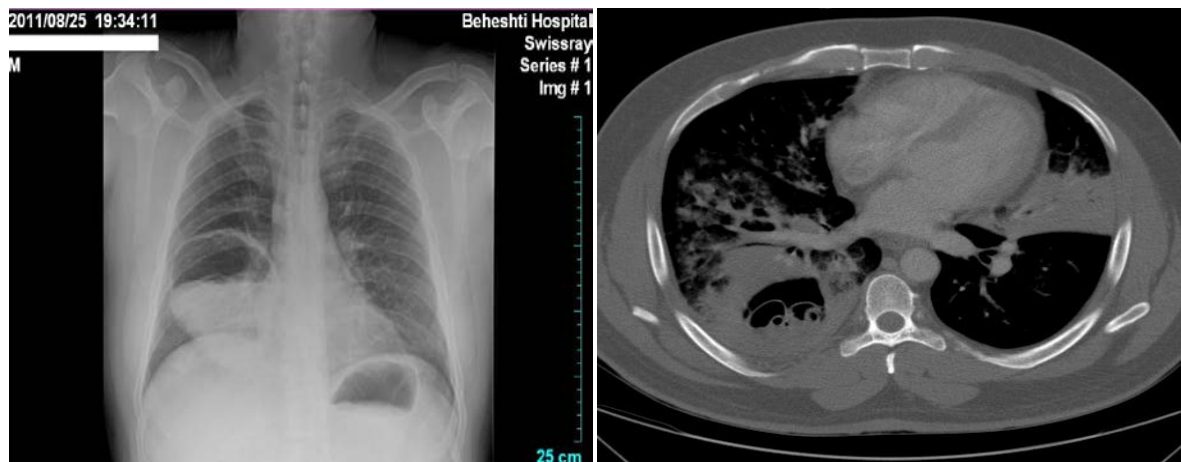


Figure 1. A: Chest radiograph showing a cavitory lesion in its inferior lobe; B: The lung CT-scan showing a cavitory lesion with a slim wall and some internal membranes and a consolidation around it

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