



# Primary hydatid cyst of the descendant aorta revealed by peripheral embolism of lower limbs

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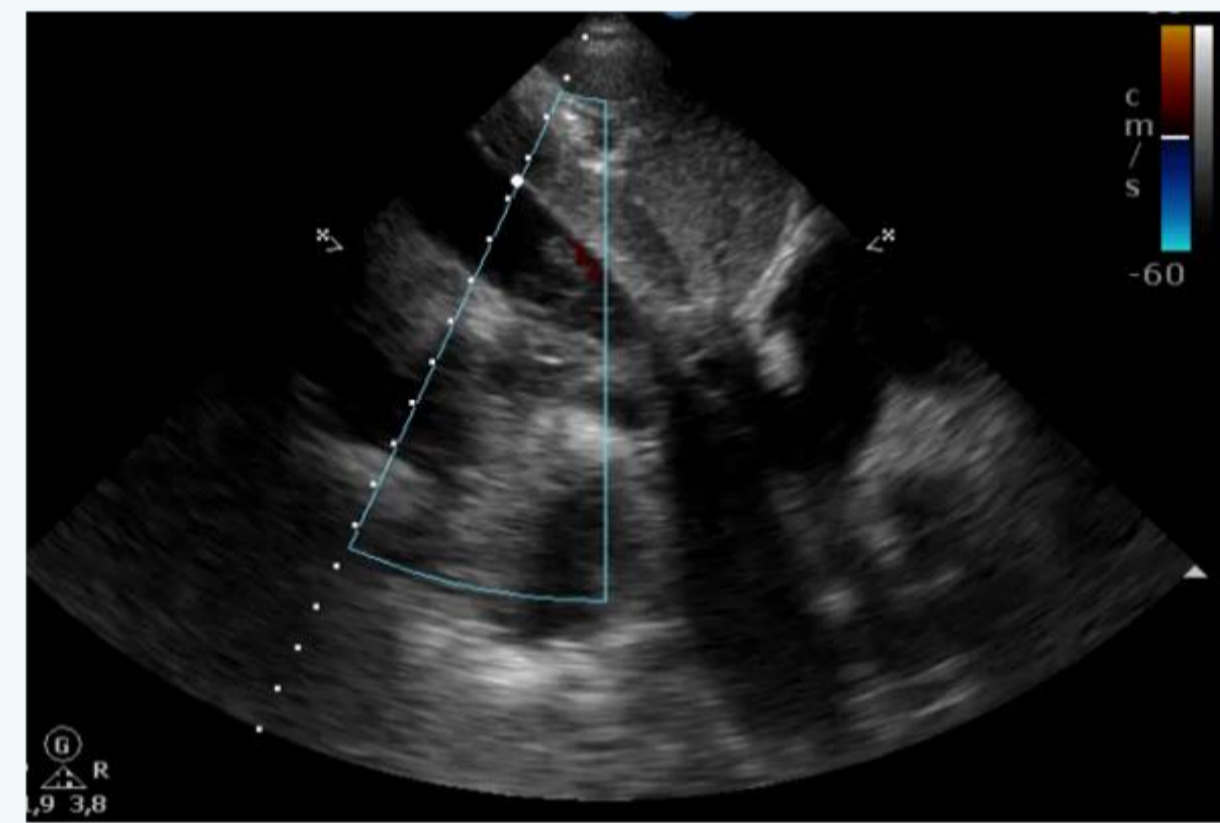


## BACKGROUND

Hydatidosis is a worldwide pathology.  
 Primitive aortic localization is exceptional with few isolated clinical cases documented.

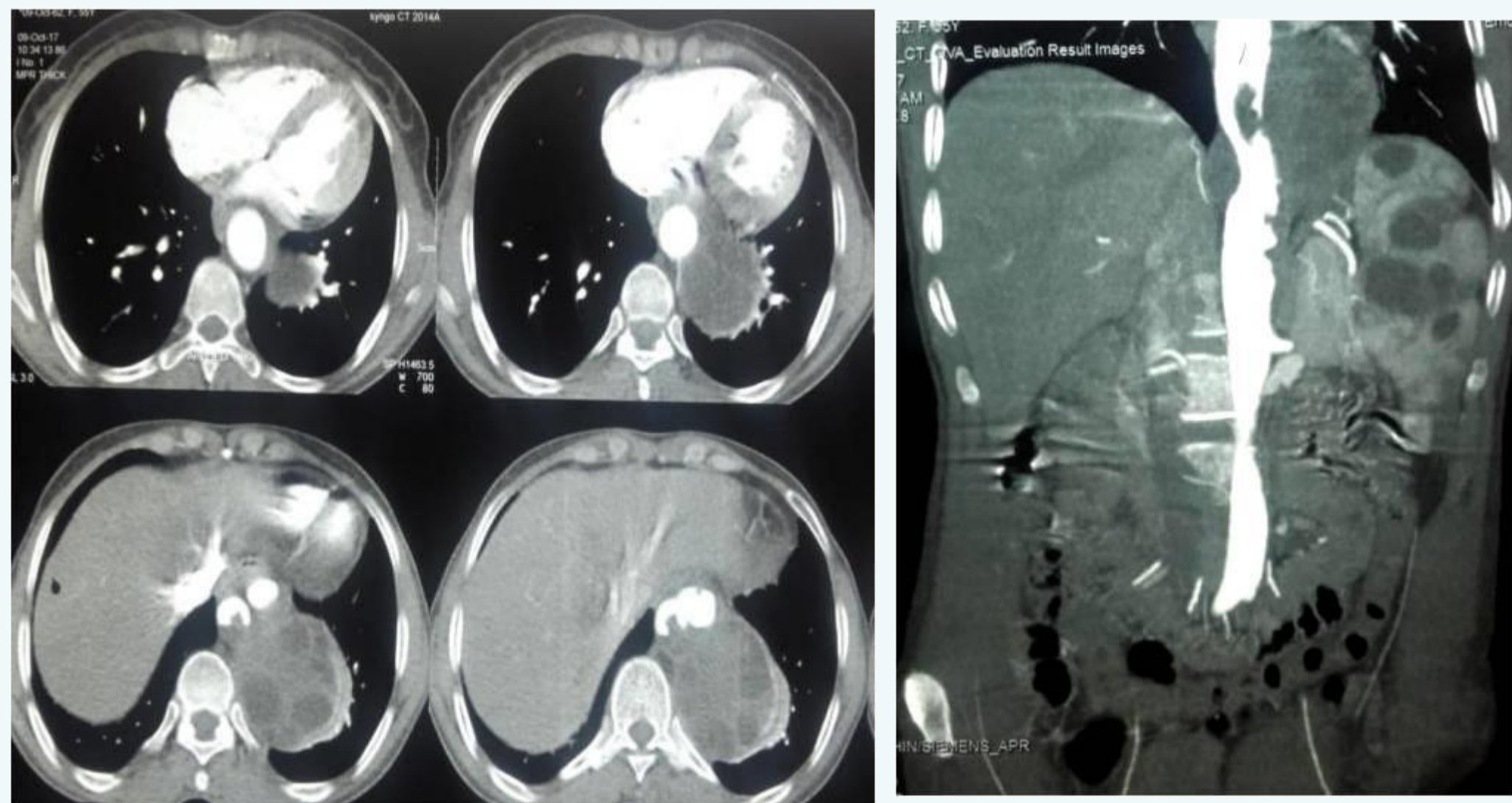
## CASE REPORT

- ✓ Woman, 55 years old
- ✓ **Previous medical history** : NONE
- ✓ **Complain** : A week ago → progressive pain in her left lower limb.
- ✓ **Examination** :
  - Abolition of left femoral pulse .
  - Left lower limb slightly cold compared to the other side.
  - Peripheral pulses of both limbs were not palpable.
  - Toes' sensitivity and mobility preserved on both sides.



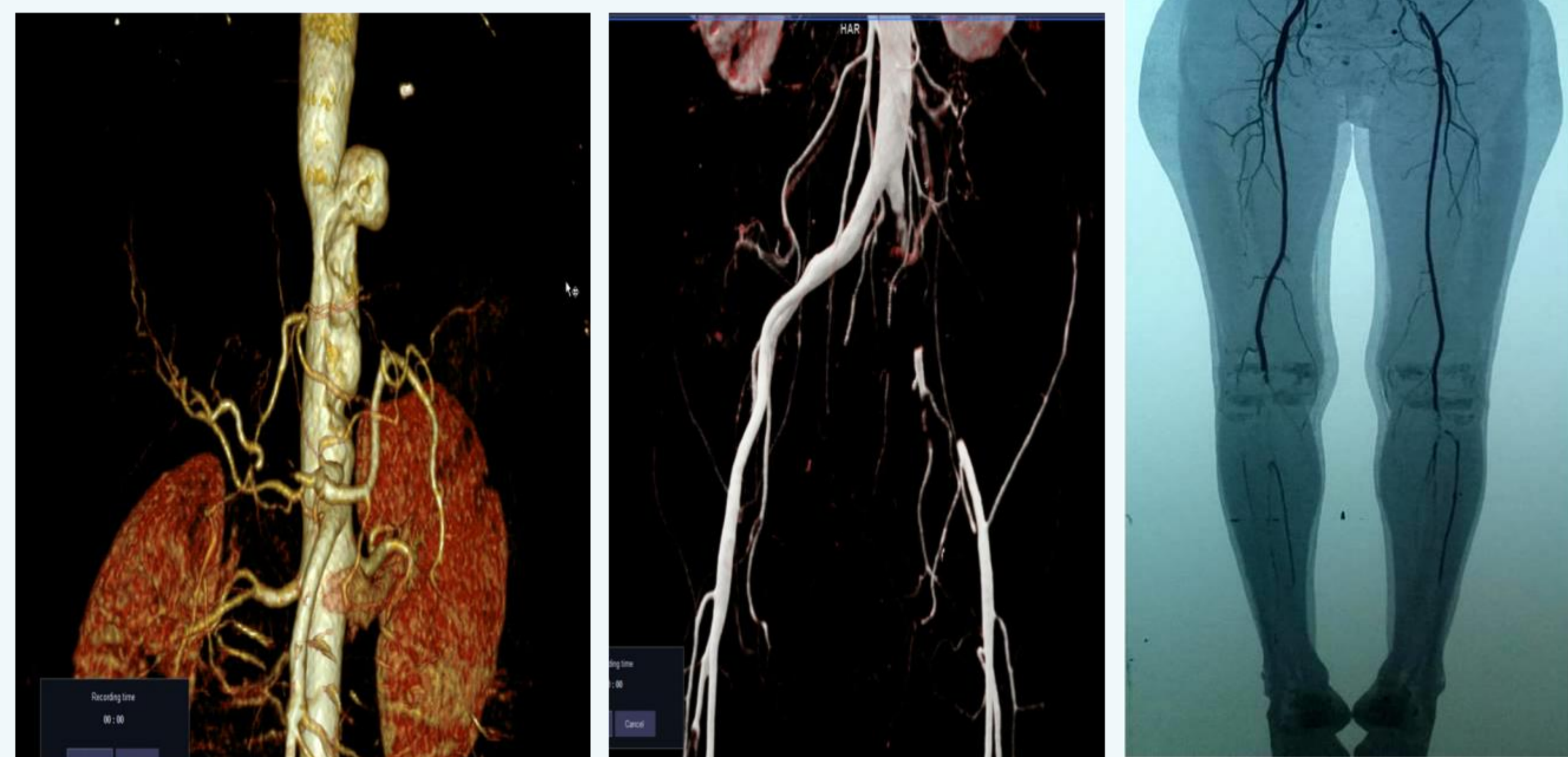
### ✓ Doppler Echography :

### ✓ Angiogram & Abdominal Scan :



- Fluid-density mass adhering intimately to the wall of the descending thoracic aorta.
- Size : 85X50X34mm .
- Splenic hydatid cyst.

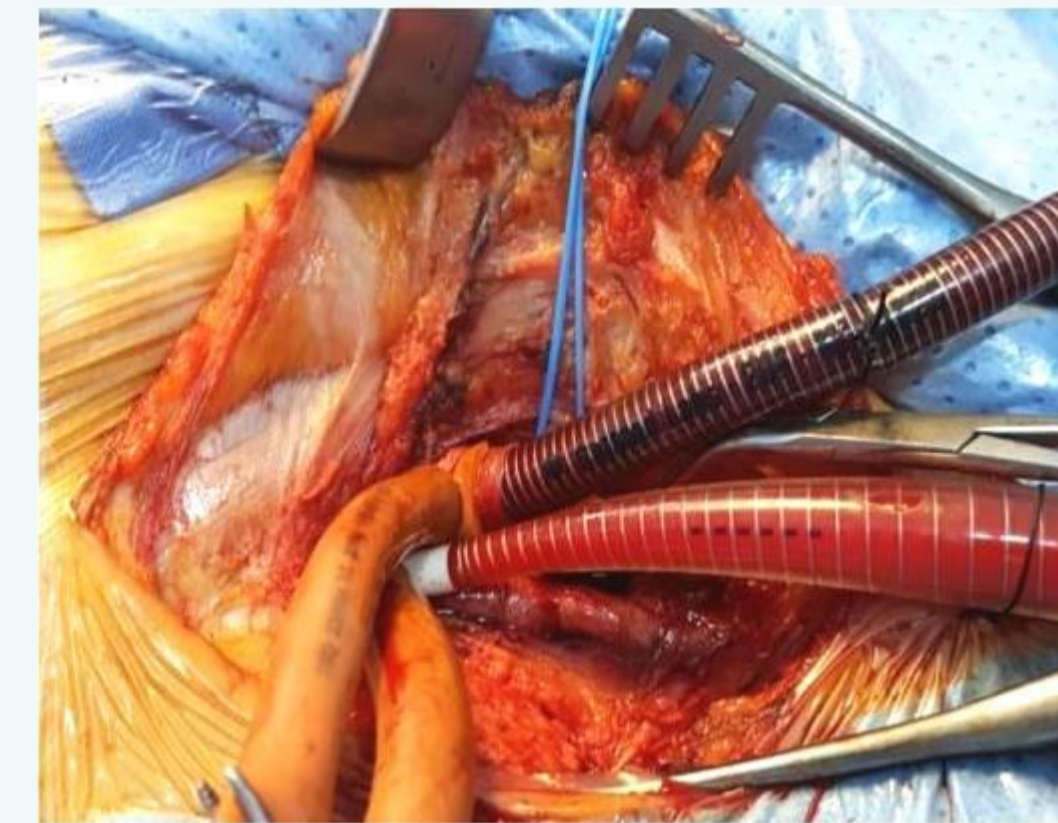
- Tight stenosis in the left external iliac artery.
- Complete obliteration of the left superficial femoral artery without re-permeabilization at the popliteal level.



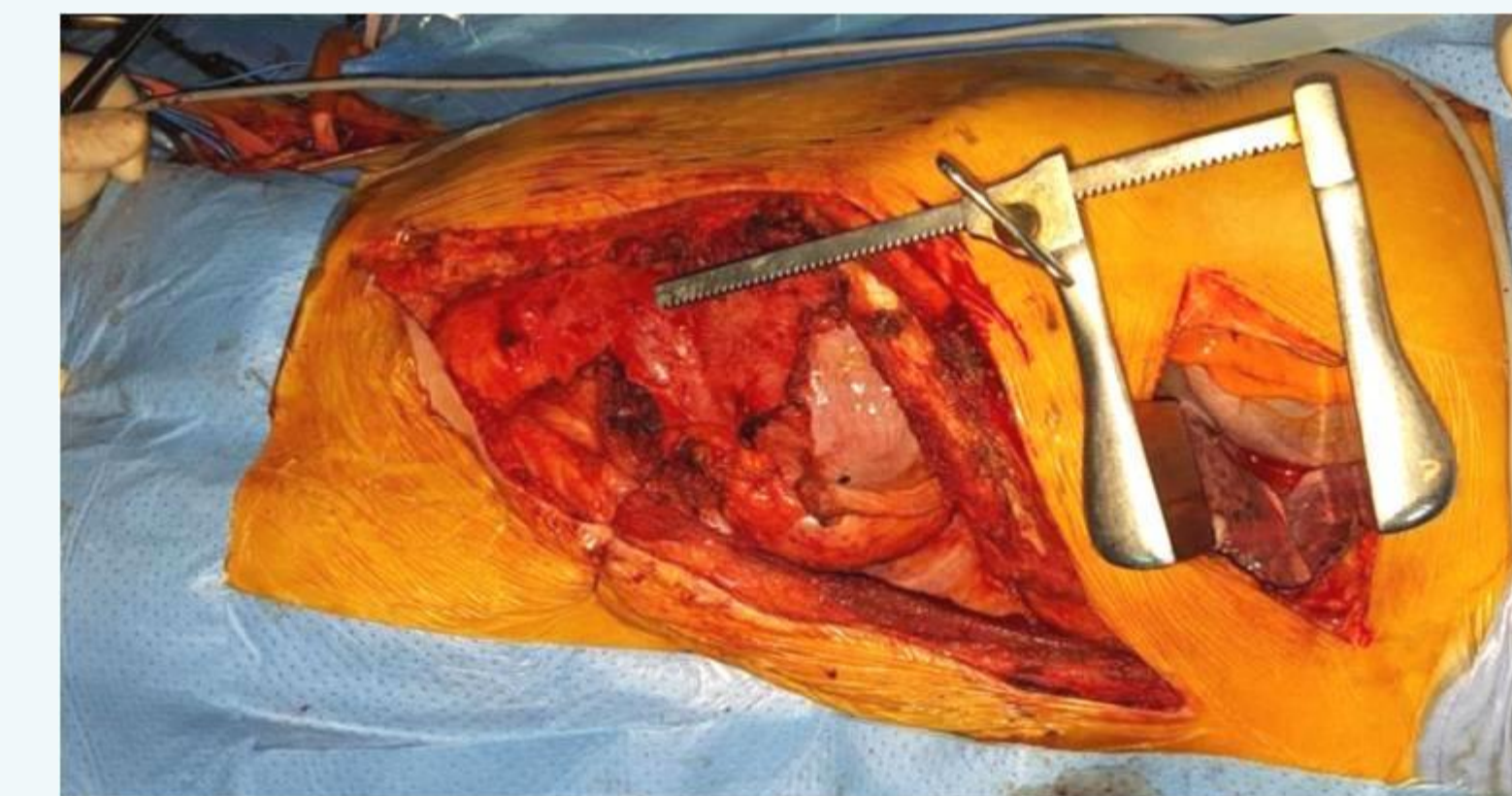
### ✓ Angiography 3D reconstruction :

- Low-density aortic endoluminal subtraction image  
 → intra-aortic rupture with endoluminal hydatid material?
- Complete occlusion of the left iliac artery and the proximal half of the external left iliac artery.
- Leg arteries were thin and poorly filled.

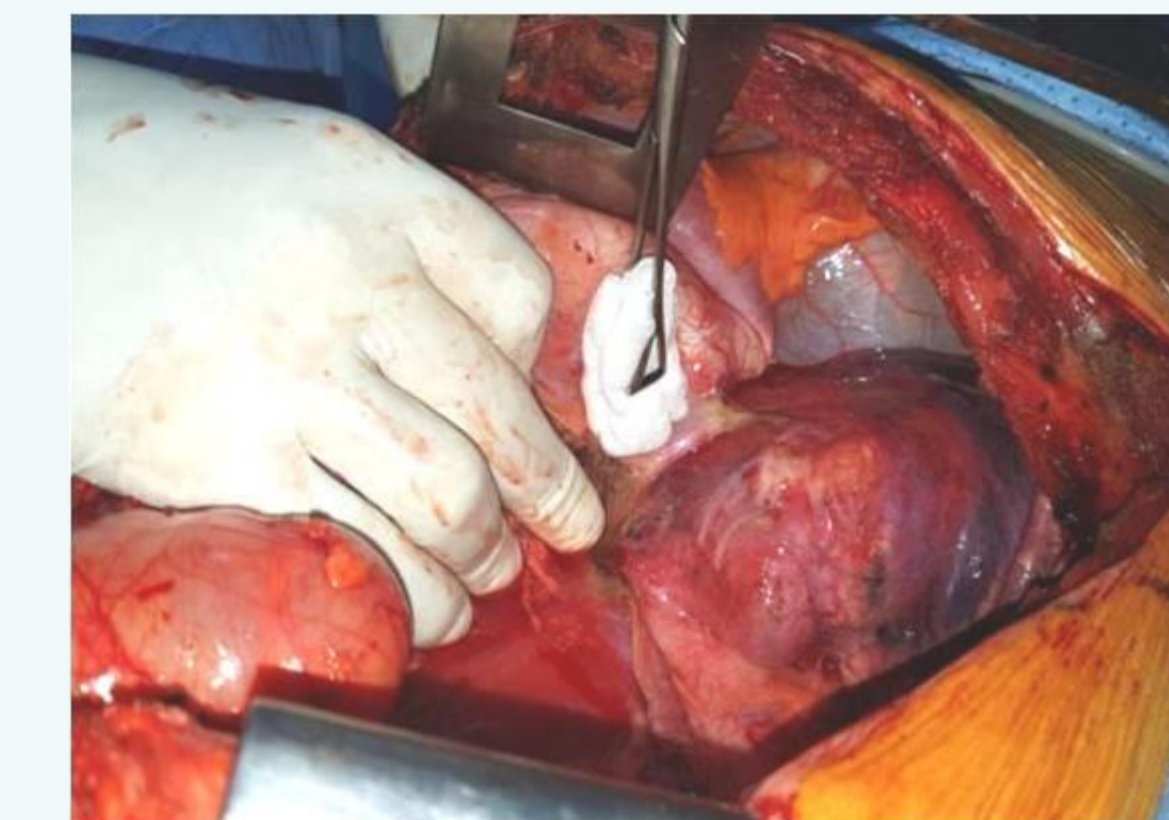
### ✓ Surgery → Treat ALL LESIONS at the same time !!



right femoro-femoral bypass



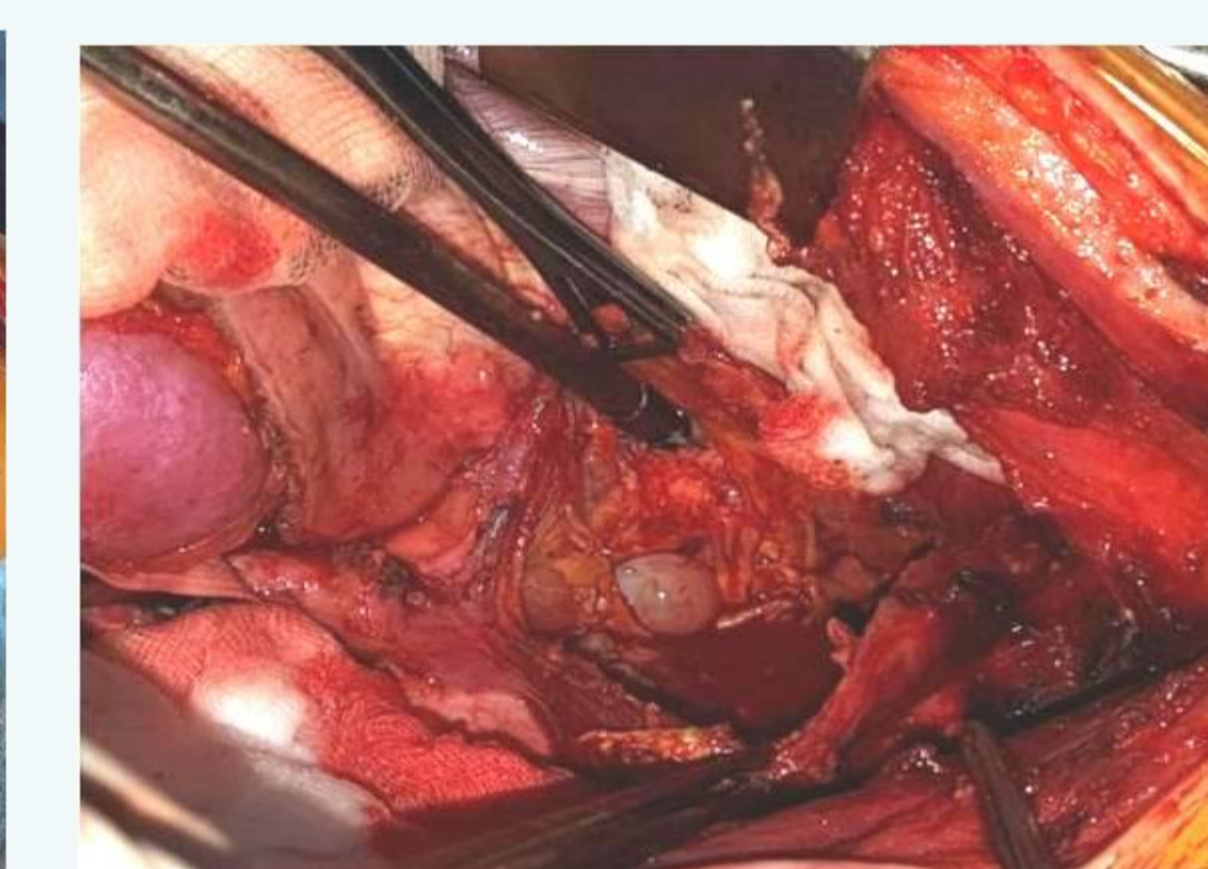
Thoraco-Phreno-Laparotomy with other thoracotomy for aortic control



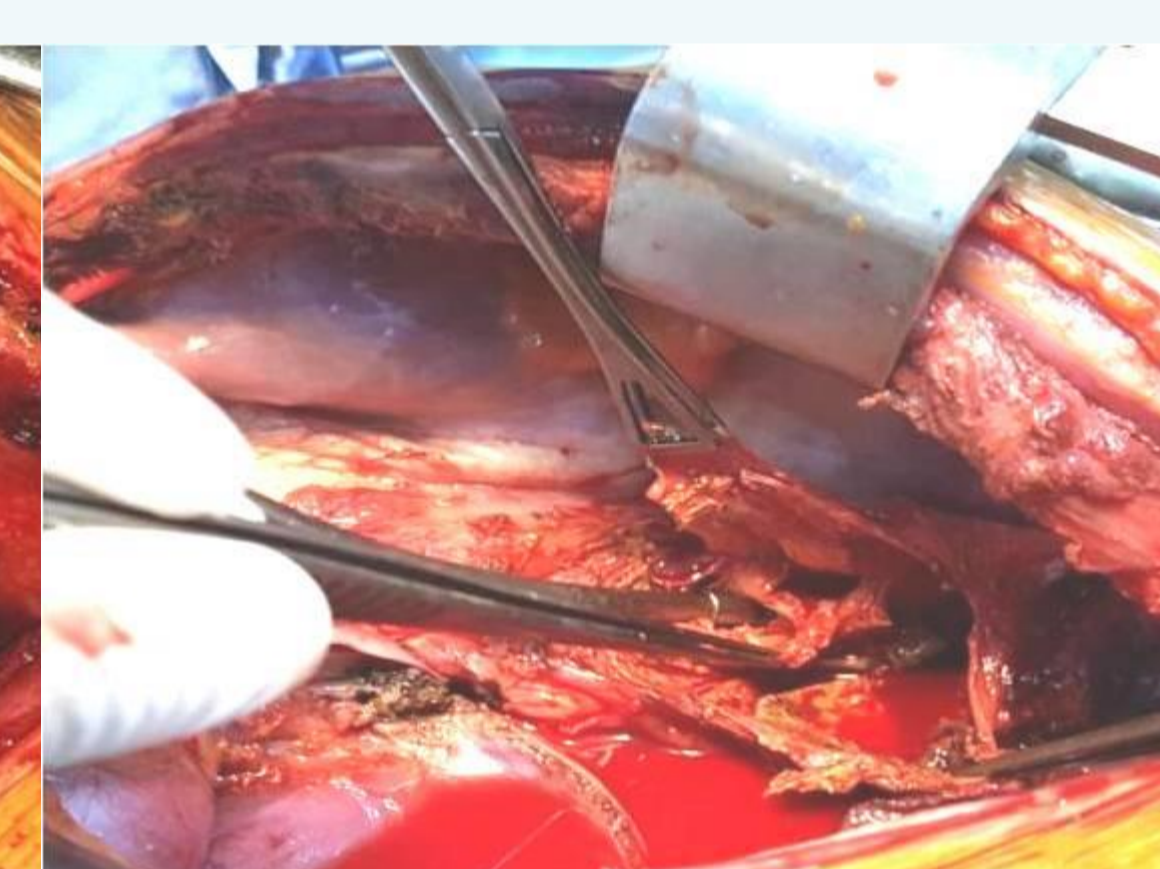
The Aortic cyst : per operative vue



Aortic control : above and after the lesion



Hydatid vesicle in the aortic lumen & Resection on the destroyed aorta



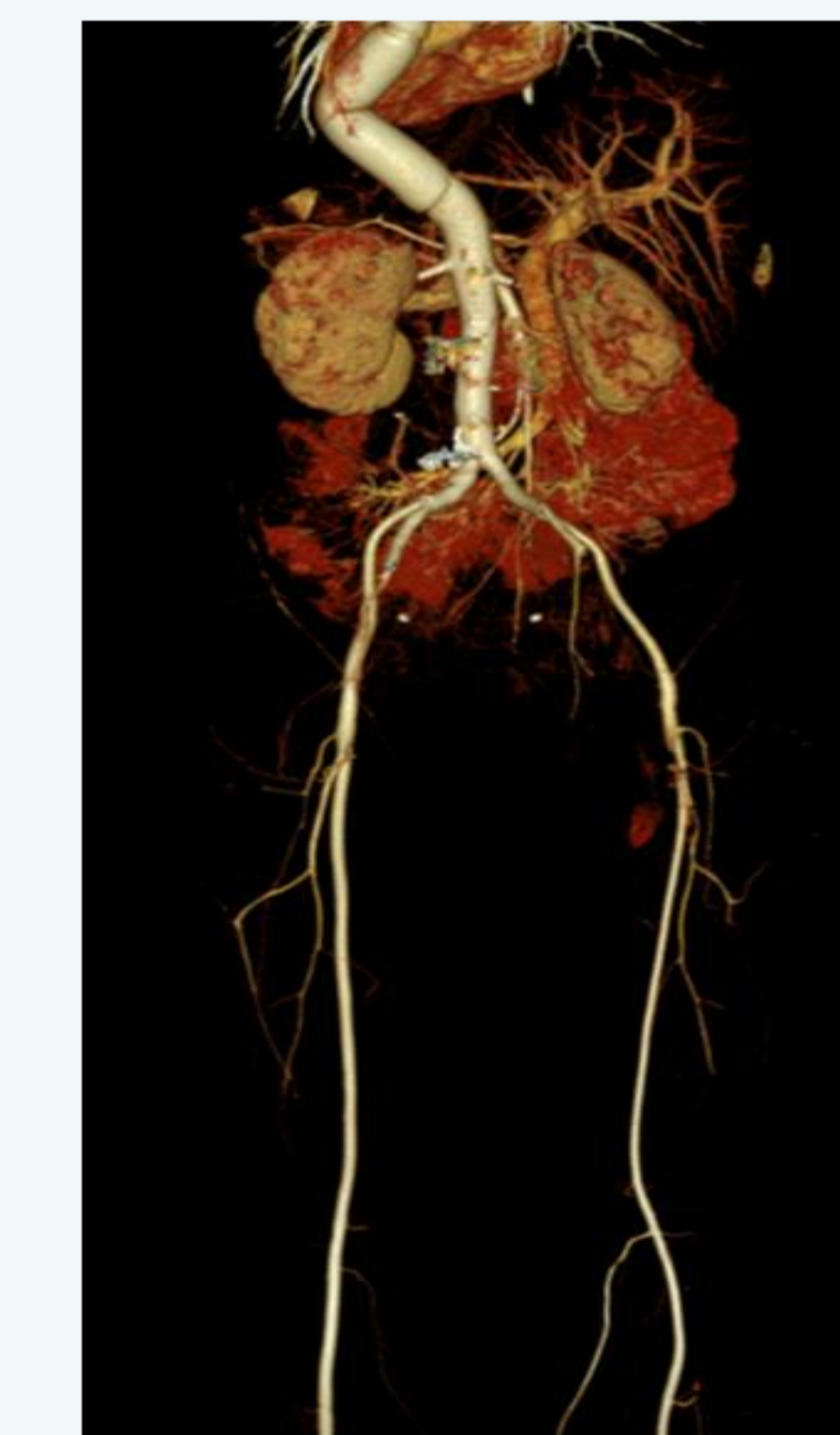
Hydatid vesicles evacuated from the aortic wall



Left Iliac artery approach : Thrombectomy & extraction of hydatid thrombi



Destroyed spleen : Splenectomy



- ✓ **Postoperative follow-up** uneventful. Patient put under daily anti-platelet aggregation + Albendazole + prophylactic anti-pneumococcal & haemophilus vaccination.
- ✓ **Five months after surgery** : CT angiography : patent bypass, with no local hydatid recurrence with a satisfactory perfusion in both lower limbs.

## CONCLUSION

**Primitive aortic hydatid cyst** : We believe that it is secondary to presence of a *“preexisting elementary lesion”* at this level (complicated plaque of atheroma, parietal dissection) exposing the tunics of the aortic wall to the parasite. **The treatment of this pathology** is essentially *surgical +++*