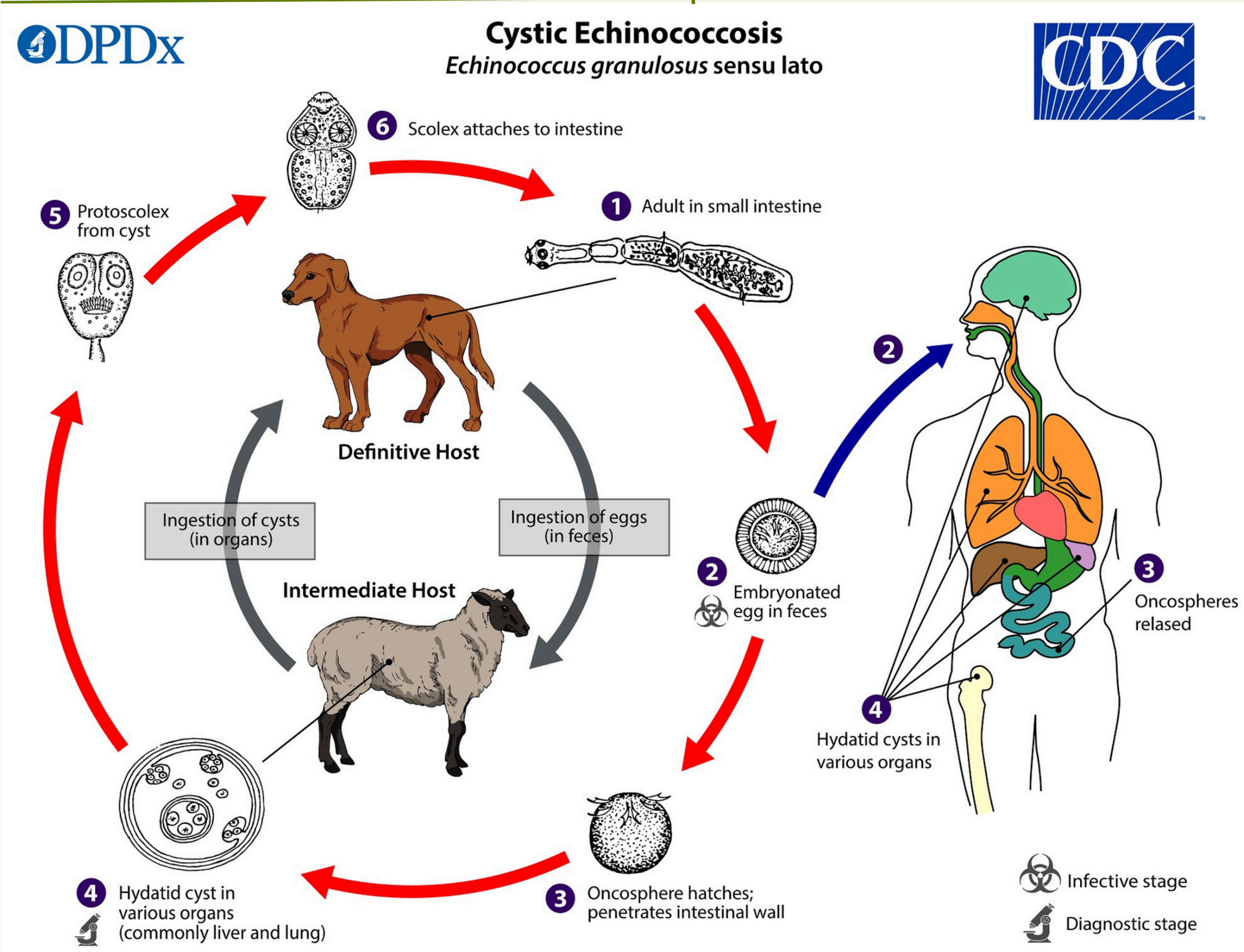




# A Rare Imported Case of Hepatic Hydatid Cyst in Singapore

Yan Ling Apollonia Tay<sup>1</sup>  
Stephanie Sutjipto<sup>2</sup>  
Julian Park Nam Goh<sup>3</sup>  
Sameer P. Junnarkar<sup>4</sup>  
Huina Yang<sup>5</sup>  
Dongdong Ren<sup>2</sup>

Affiliations:  
1. Tan Tock Seng Hospital, Singapore  
2. Department of Infectious Diseases, Tan Tock Seng Hospital, Singapore  
3. Department of Diagnostic Radiology, Tan Tock Seng Hospital, Singapore  
4. Department of General Surgery, Tan Tock Seng Hospital, Singapore  
5. Department of Laboratory Medicine, Tan Tock Seng Hospital, Singapore



## Introduction

- Hydatid disease is a zoonosis caused by Echinococcus tapeworms.
- It is endemic in the Middle East, Central Asia and the Mediterranean, but rare in developed countries like Singapore.
- Canines are definitive hosts while livestock are intermediate hosts. [1]
- Humans are accidental intermediate hosts infected by ingestion of eggs from environmental contamination by animal faeces. (Figure 1)

Figure 1: Echinococcus species Life Cycle. [1]

## Case Presentation

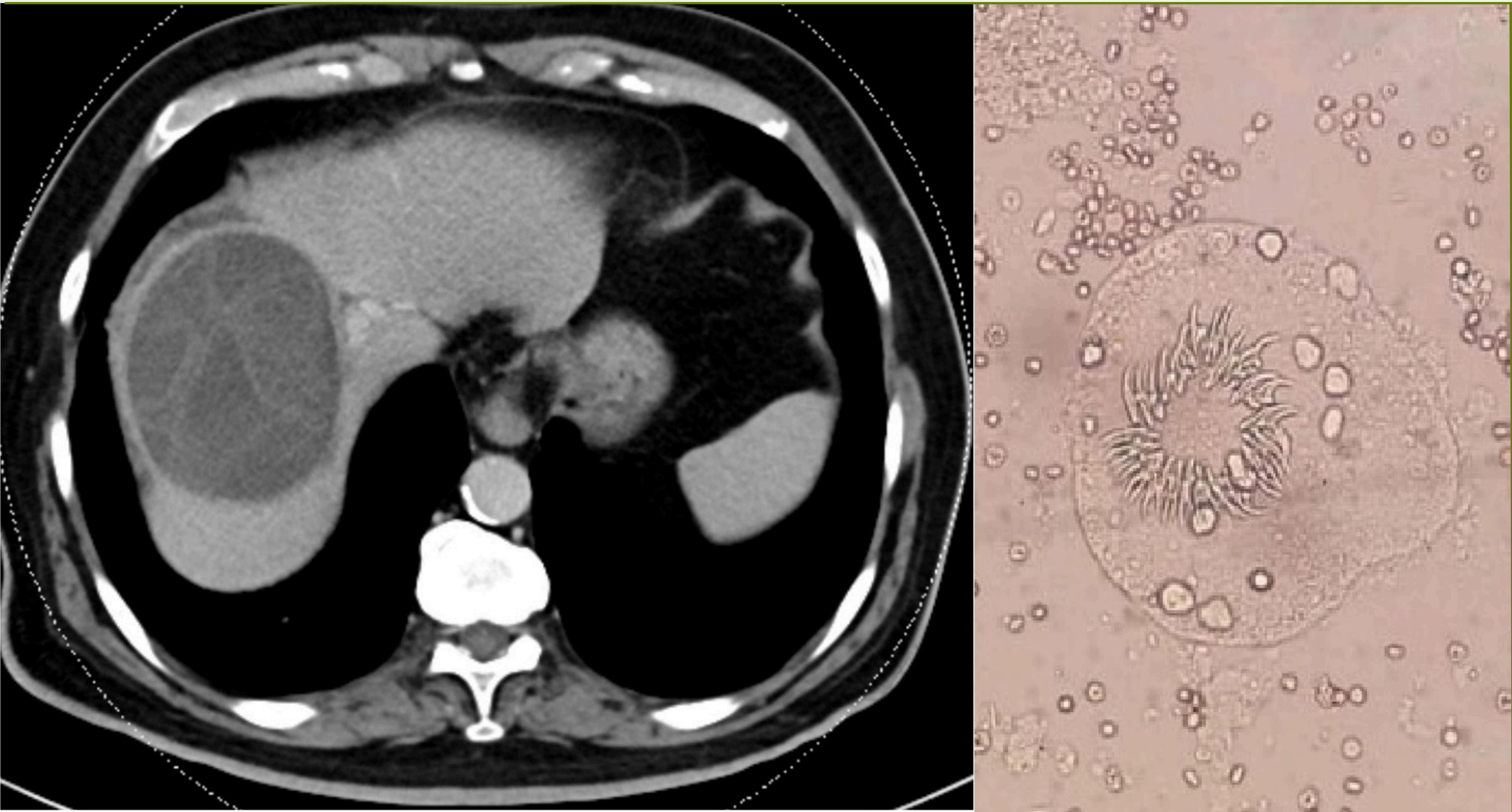
We report a rare case of hepatic hydatid disease in a 72-year-old Singaporean man with travel history to Saudi Arabia for Muslim religious pilgrimages. He avoided contact with canines for religious reasons and denied livestock exposure.

In 2020, he was admitted for fever, during which an abdominal Computed Tomography (CT) scan incidentally revealed two hepatic cysts with septations. The larger Segment 7 and 8 cyst contained detached membranes, with eventual development of a water-lily sign (Figure 2a) in a follow up scan. A separate segment 6 cyst showed multiple daughter cysts within. These were monitored outpatient and remained stable.

In November 2021, his fever recurred, likely due to chest infection. He was diagnosed with stage CE3b hepatic cystic echinococcosis, based on imaging findings and positive serum Echinococcus antibody.

He was started on albendazole and underwent PAIR (puncture, aspiration, injection of scolicidal agent and re-aspiration) of Segment 6 in September 2022 as he declined surgery. Echinococcus species were identified in the cyst fluid. (Figure 2b) Albendazole was discontinued two months post-procedure, and he remains well.

Figure 2a: CT image showing a well-defined cystic lesion with internal floating internal membranes, characteristic of the “water lily” sign.



## Conclusion

- This case highlights the importance of clinical vigilance for imported Echinococcus infections.
- Early recognition is essential to prevent complications including cyst rupture with anaphylaxis, biliary communication and superimposed infection. [2]

Figure 2b: Microscopic image of Echinococcal cyst noted in cyst fluid

## REFERENCES

- Centers for Disease Control and Prevention (CDC). DPDx – Echinococcosis [Internet]. Atlanta (GA): U.S. Department of Health & Human Services; 2019 Jul 15 [cited 2025 Sep 14]. Available from: <https://www.cdc.gov/dpdx/echinococcosis/index.html>
- Greco S, Cannella R, Giambelluca D, Pecoraro G, Battaglia E, Midiri M, et al. Complications of hepatic echinococcosis: multimodality imaging approach. Insights Imaging. 2019 Nov 29;10(1):113. doi: 10.1186/s13244-019-0805-y. PMID: 31792750; PMCID: PMC6884740.