Pulmonary artery compression by an aortic aneurysm should be suspected when there is:

- apparent pulmonary embolism with a widened mediastinum,⁵
- lack of improvement in the perfusion scan following anticoagulation,⁶
- right ventricular hypertrophy combined with aortic insufficiency,⁶ or
- dyspnoea out of proportion to signs of cardiac failure accompanied by a widened mediastinum and/or evidence of aortic valve regurgitation.

Improved detection creates a potential for surgical correction and success has been reported.^{1,3,4} However, the major thoracic

surgery required was not considered a realistic option for our patient. She was treated with warfarin anticoagulation and palliative oxygen. Five months later she is housebound but otherwise well and functionally independent.

Final diagnosis

Hypoperfusion of right lung due to compression of right pulmonary artery by a large atherosclerotic ascending aortic aneurysm.

Keywords: thoracic aortic aneurysms, pulmonary artery compression, dyspnoea

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Retroperitoneal cystic mass

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A 48-year-old woman was admitted to hospital with continuous pain in her left flank radiating to the left groin and leg. Her blood pressure was 135/75 mmHg, and pulse rate 80 beats/min. Her chest and abdominal X-rays and electrocardiogram were normal. On clinical exploration, a subcutaneous mass was palpable in the left lumbar region. It was about 10 cm in diameter, smooth, not painful and non-adherent to skin. Abdominal ultrasound showed a cystic and polylobulated mass in the retroperitoneal space. No evidence of a hepatic lesion was found. An abdominal computed tomography (CT) scan was performed (see figure).

Figure CT scan showing left retroperitoneal cystic mass

Question

What is the most likely diagnosis?

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Answer

The abdominal CT scan shows a left retroperitoneal tumour, liquid in density, polylobulated, extending from the left pararenal space to the root of the left tight junction, following the route of the left psoas muscle.

Discussion

Hydatidosis is a parasitic disease produced by the taenia of the genus *Echinococcus* which is transmitted by dogs or other animals.¹ It is widespread in many countries of Southern Europe, South America, Asia and Oceania. The most common sites are the liver (75%) and the lung (30%). Isolated retroperitoneal hydatidic disease is a clinical rarity and probably arises as a result of larval migration through the hepatic and pulmonary barriers.²

The confirmation of hydatidic disease is based on serological tests (positive in 70% of cases), ultrasonography and CT.³ In cases of doubtful diagnosis percutaneous fine-needle aspiration of the cyst can be useful.⁴

The accepted surgical treatment of hydatid cysts is a simple cystectomy, including removal of the pericystic membrane, where possible. In both cases the use of escholicidal agents is recommended.⁵

Final diagnosis

Primary retroperitoneal hydatid cyst.

Keywords: hydatid cyst, echinococcosis

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Postgraduate Medical Journal Christmas Quiz

Answers

1 Homocystinuria (or hyperhomocysteinaemia).
van den Berg M, Boers GHJ. Homocystinuria: what about mild hyperhomocysteinaemia? *Postgrad Med J* 1996; 72: 513–8.

2 Purtscher's retinopathy.
Buckley SA, James J. Purtscher's retinopathy. *Postgrad Med J* 1996; 72: 409–12.

3 Sepsis.
Odeh M. Sepsis, septicaemia, sepsis syndrome, and septic shock : the correct definition and use. *Postgrad Med J* 1996; 72: 66.

4	Spinal tuberculosis
	<i>In Caucasians</i> ● involvement of intervertebral disc common ● predominantly lytic with little or no sclerosis ● involvement of posterior arch rare
	<i>In non-Caucasians</i> ● often confined to vertebral body ● disc may not be involved ● sclerosis common ● posterior arch commonly involved

Scullion D, Al-Kutoubi A. Tuberculous spondylitis. *Postgrad Med J* 1996; 72: 373–5.

5 Venous thromboembolism.
Pulmonary embolism - the role of thrombolytic therapy in its management. More RS, Chauhan A. *Postgrad Med J* 1996; 72: 157–61.

6	Pseudo-infarction patterns on ECG
	● hypertrophic obstructive cardiomyopathy ● acute myocarditis ● acute pulmonary embolism ● cardiac tumours ● cardiac amyloidosis

Banerjee A. Improving the early diagnosis of acute myocardial infarction. *Postgrad Med J* 1996; 72: 705–8.

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8 (a) Magnetic resonance cholangiopancreatography.
Sidhu S, Tandon RK. Chronic pancreatitis: diagnosis and treatment. *Postgrad Med J* 1996; 72: 327–33.
(b) 99mTc-hexamethyl propyleneamine oxime.