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## Chronic "idiopathic" urticaria and hydatid disease

**P**ARASITIC diseases, mainly those caused by helminths, can induce urticaria. Hydatid disease, or echinococcosis, is an infestation by cestode larvae belonging to three *Echinococcus* species (*E. granulosus*, *E. multilocularis*, and *E. vogeli*). Liver and lung are the most frequently involved organs. Skin involvement is rare; furthermore, nonspecific cutaneous manifestations (pruritus, urticaria) associated with hydatid disease have been very rarely reported in the literature.

We describe a case of hydatid cyst of the pancreas associated with chronic urticaria.

■ A 49-year-old man from Puglia (southern Italy) was admitted to hospital in November 1996 with a diagnosis of chronic idiopathic urticaria, the disorder having appeared in May of the same year. The patient had been previously treated at other centers, with slight remissions of cutaneous lesions and pruritus, first with cetirizine (10 mg/day for 2 months) and subsequently with loratadine (10 mg/day for 1 month). He stated also that in the past he had been affected by hydatid disease due to *E. granulosus*. In 1958, multiple liver hydatid cysts, which were removed by surgery, as well as splenic hydatid cysts, for which the patient underwent splenectomy, were diagnosed. The patient enjoyed good health until 1969, when multiple new liver cysts and one cyst in the right lung were found: the patient was subjected to liver segmentectomy and surgical removal of the pulmonary cyst. In 1975, the appearance of new cysts in the right lung necessitated the inferior lobectomy. The patient was in good health until 1996.

At the time of admission, the patient had not been taking any drugs.

Dermatologic examination revealed the presence of wheals which were widespread particularly on the trunk and were accompanied by pruritus. General physical examination did not show anything pathologic, with the exception of the already mentioned lung, liver, and splenic features.

Laboratory examinations showed increase in total IgE (1.012 kUA/l) and  $\gamma$ -gt (249 U/l). Specific anti-*E. granulosus* IgE were positive (1.5 kUA/l [normal values: <0.7 kUA/l; Pharmacia® Cap RAST method]). All the other laboratory tests were within normal ranges. Chest radiography revealed a retraction of the right

*Skin manifestations, including urticaria, associated with hydatid disease have been very rarely reported in the literature.*

hemithorax and a thickening of the costal and mediastinal pleurae, as well as the diaphragm. Abdominal echography revealed, at the head of the pancreas, a cyst measuring 7 × 4.7 × 7.5 cm. It appeared to be circumscribed by a thick fibrous capsule.

The presence of the cyst was confirmed by CT scan, which also allowed us to exclude other extrapancreatic localizations of the hydatid disease.

The patient was successfully subjected to surgical removal of the cyst. Histopathologic examination confirmed the diagnosis of hydatid cyst. The urticaria regressed in about 3 weeks without any therapy. During follow-up (21 months), no recurrences were observed of either the hydatid disease or the urticaria.

■ Cutaneous manifestations of hydatid disease may be divided into "specific" and "nonspecific" (1). The former are rare and characterized by the development of fistulae from liver cysts to the skin (2, 3), and by "metastatic" cutaneous localizations. Bresson-Hadni et al. (3) described two patients with hydatid disease due to *E. multilocularis*, initially localized to the left liver lobe, who developed lesions on the abdominal skin surface. These lesions presented as epigastric and supraumbilical nodules: they were clinically polymorphous (some subcutaneous, some inflammatory, some ulcerative). The authors hypothesized that the larvae may have penetrated into the skin through the falciform ligament, which appeared to be thickened in the CT scan.

Nonspecific skin manifestations of hydatid disease have been very rarely reported in the literature. They are characterized by pruritus and urticaria. In a group of 15 patients with intrabiliary rupture of hepatic cysts, Kattan (4) found pruritus or urticaria in three cases. Another patient developed an anaphylactic reaction during surgery. In two patients with intrabiliary rupture of a liver cyst, Atlas & Kamenev (5) also observed an anaphylactic reaction characterized by urticaria, shivers, fever, jaundice, and severe epigastric pain. Another patient with rupture of a cyst into the peritoneum, accompanied by shock and urticaria, was described by Ziai & Abrishami (6). Finally, Calamai et al. (7) described a 13-year-old boy with hydatid disease of the heart in whom the disease was preceded by fever, "widespread oedema", and itching.

The case we have described demonstrates that some chronic "idiopathic" urticarias are not really idiopathic. In this patient, the urticaria was associated with a hydatid cyst of the pancreas. This is confirmed by the remission of the urticaria, without any specific therapy, 3 weeks after the surgical removal of the cyst, and the negative follow-up of both the urticaria and the hydatid disease.

Key words: chronic idiopathic urticaria; echinococcosis; *Echinococcus granulosus*; hydatid cysts; hydatid disease.

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Accepted for publication 7 September 1998

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ALLERGY 1998;53:1234-1235

#### ACKNOWLEDGMENTS

We thank Drs P. D. Pigatto and M. Lorini for their kind help.

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