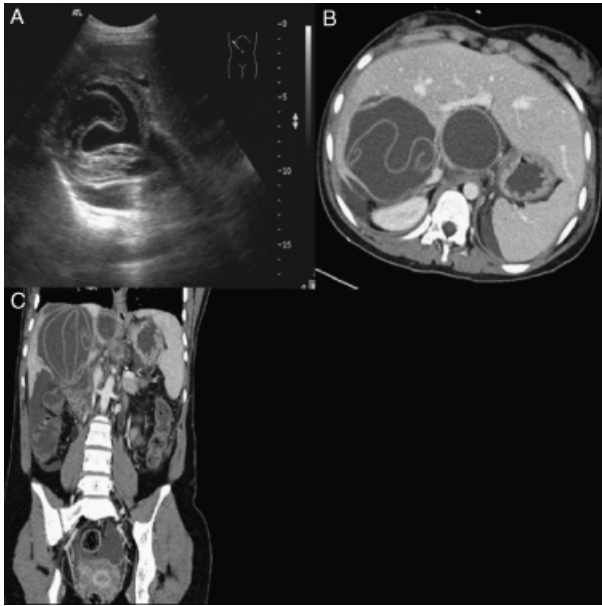


LIVER INTERNATIONAL IMAGE

Anaphylactic shock in a young woman with abnormal liver scans

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A 16-year-old woman was admitted to the intensive care unit with the diagnosis of an anaphylactic shock 2 weeks after delivering a healthy boy. The patient reported resection of an echinococcus cyst 7 years before in Russia. Laboratory findings were within the normal range and hypereosinophilia was absent. After stabilization by intravenous administration of prednisone, dimetinden and ranitidine, ultrasonography of the abdomen was performed, showing two giant liver cysts (A) as well as free abdominal fluid. A computed tomography (CT) scan ruled out further disseminated cysts and showed detachment of the inner membrane of the echinococcal cyst, the so-called germinative layer or endocyst (1) (B, C). These membranous structures and the echogenic cyst content partly mimicked the presence of a 'giant worm' (A–C). The CT scan also demonstrated direct cyst rupture into the peritoneum, which was confirmed by *Echinococcus granulosus* eggs in the abdominal fluid. An anaphylactic reaction is a typical complication of cyst ruptures

and was treated with glucocorticosteroids for 3 days. Antihelminthic therapy with albendazole was started immediately. Spontaneous cyst ruptures are rare (2). Usually, patients are treated by emergency operation and adjuvant albendazole therapy (3, 4). In this case, our patient received 'neoadjuvant' albendazole to minimize the antigen load and intraperitoneal seeding. After 14 days, she underwent treatment with puncture of the cysts, aspiration, injection of 20% hypertonic saline and re-aspiration (PAIR), followed by surgical resection of the cysts. The patient was discharged 7 days after surgery. The albendazole treatment will be continued for at least 6 months.

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