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## ABSTRACTS

### CLINICAL CASES

#### DEPARTMENT OF SURGERY AND SEMIOLOGY no.3

##### 1. PRIMARY HYDATID CYST OF SKELETAL MUSCLE: A CASE REPORT

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**Background.** Hydatid cyst, also called hydatidosis, is caused by *Echinococcus granulosus*. It is still a major health problem in many parts of the world with 2-3 million cases confirmed each year. Most of these cases involve liver (50-70%) and lungs (20-30%), but some of them have rare locations, such as skeletal muscles (0.7-5%). The absence of specific clinical signs and symptoms makes it difficult to establish a diagnosis, while first signs may appear as neurovascular lesions due to compression. The most useful method of diagnosis is ultrasound with high sensitivity (93-98%), followed by CT and MRI. There are two types of treatment: open surgery and percutaneous drainage, both associated with Albendazole and Mebendazole or Albendazole and Praziquantel administration.

**Case report.** A 33-year-old patient was admitted to Department of general surgery with a lump on the inner proximal part of the right thigh that patient discovered six month ago, which interfered with the patients daily activities. The patient underwent ultrasound exam of the lump and internal abdominal organs, plain chest X-ray, lump puncture for bacteriological test and general blood and urine analysis. All results came normal and with no imagistic findings, except a multicystic lesion separated by septae that can be attributed to Gharbi type III hydatid cyst. The patient underwent surgical treatment with no early postoperative complications and received chemotherapy with Albendazole and Mebendazol.

**Conclusions.** Hydatid cyst should be included in the differential diagnosis of a patient with slow growing subcutaneous masses. Imaging data are required when cystic mass are suspected. Surgical treatment associated with chemotherapy must always be a fist priority for better results with minimal recurrence.

**Key words:** hydatid cyst, ultrasound, differential diagnosis.

#### DEPARTMENT OF INTERNAL MEDICINE, CARDIOLOGY

##### 2. LEFT ATRIAL MASS IN A PATIENT WITH MITRAL STENOSIS AND ATRIAL FIBRILLATION-THROMBUS OR MYXOMA?

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**Background.** The discovery of a large left atrial mass through echocardiography obliges the clinician to perform a differential diagnosis to distinguish tumor from thrombus. In fact, magnetic resonance imagery could be useful to identify the mass but it could not distinguish tumor from organized thrombus. Certainly, surgery is the best solution for a successful diagnosis.