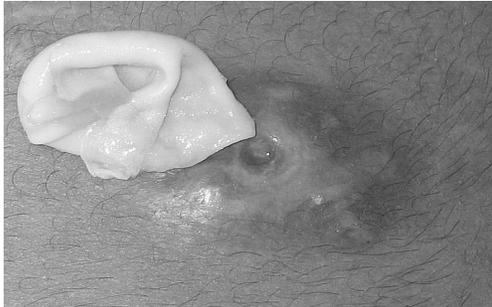


ORJİNAL GÖRÜNTÜLEME**Spontaneous Cyst-Cutaneous Fistula Caused By Pulmonary Hydatid Cyst: An Extremely Rare Case**

(Pulmoner hidatik kist'in spontan cilt fistülizasyonu: nadir bir olgu)

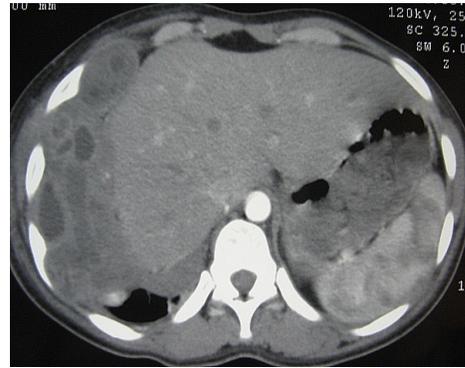
Serdar Onat¹, Alper Avci², Refik Ulku³, Cemal Ozcelik⁴^{1,2,3,4}Thoracic Surgery Department, Faculty of Medicine, Dicle University, Diyarbakir, Turkey.**Keywords:** Hydatid disease, fistula, chest wall, surgery.

A 21-year-old woman was admitted to thoracic surgery department with coughing and lower thoracic pain in the right side. She had an operation 5 years ago for pulmonary hydatid cyst localized in the right lower lobe. Right sided posterolateral thoracotomy incision scar, and cutaneous reddish swelling were seen in the physical examination. There was no abnormality of complete blood counting and biochemical laboratory analysis. Thoracoabdominal computed tomography was obtained, and it showed multiple pulmonary hydatid cysts in the right side, and liver hydatid cysts. Cystic lesions of the lower lobe were extending to the anterolateral extrathoracic dimension (Figure 1 and 2).

**Figure1****Figure 3**

At the 4th day of the hospital staying, white membrane was protruded out from her skin reddish swelling in the right thoracic wall (Figure 3). The membrane was examined pathologically and reported as hydatid disease's germinative membrane. The drainage stopped spontaneously in 3 days. A wound on the swelling area was dressed with iodine solutions daily.

Cystotomy and capitonage operation was planned for the multipl pulmonary cysts. Old thoracotomy incision line was used for the rethoracotomy. There were small cysts in the pleural cavity and the right lower lobe. Cystotomy and capitonage operation was done to all hydatid cysts. Postoperative period was uneventfull. At the 3rd month control; patient was asymptomatic, and there was no radiologic evidence of pulmonary hydatid disease. Spontaneous cutaneous fistulization is very rare complication of pulmonary hydatid cysts. Inflammation or cystic expansion are probably the main factor of the cutaneous fistulization in our case. We estimate that recurrent hydatid disease that causes cutaneous fistulization may be a complication of the first operation.

**Figure2**

