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Atypical Cystic Echinococcosis in a Young Child

To The Editors:

An almost 4-year-old Argentinian girl had abdominal pain and daily fevers of 38.5°C for 5 days. She appeared to be in good general condition except for petechial lesions on the anterior trunk. She also had a painful and tense abdomen on light palpation. Abdominal ultrasonography revealed a large intraperitoneal cystic lesion measuring 11.56 cm × 10.5 cm × 4.18 cm with thin walls and liquid in the cavity (See Figure, Supplemental Digital Content 1, <http://links.lww.com/INF/B990>). Laboratory tests showed slight eosinophilia. Preoperative diagnosis was a congenital cystic mass of the mesenterium. Laparotomy showed liquid in the cavity and a flaccid cyst of very thin walls surrounded by the small intestine, the stomach and the omentum. During removal, it was damaged and it resembled a hydatid membrane. The abdominal cavity was washed with physiologic solution and hypertonic saline solution-soaked pads were

used. The patient had an uneventful recovery and received albendazole treatment (15 mg/kg/day). She was discharged after the third postoperative day when abdominal ultrasonography and chest radiography were normal. Outpatient follow-up included abdominal ultrasonography bimonthly and albendazole treatment. Histopathological examination confirmed hydatid cyst showing laminated and germinal layers with abundant eosinophils, multinucleated giant cells and scoleces (See Figure, Supplemental Digital Content 2, <http://links.lww.com/INF/B991>, which shows a histopathological section of hydatid cyst. Laminar layer, germinal layer and vesicle with 2 scoleces are seen. HE stain).

Intraperitoneal hydatid cysts usually develop secondary to spontaneous or iatrogenic rupture of hepatic, splenic or mesenteric cysts. Rarely, an isolated primary cyst can develop in the peritoneum without evidence of cysts in other intra-abdominal organs.¹ The growth rate of a hydatid cyst has been variably reported at 1–16 cm per year in abdomen.² Abdominal cystic echinococcosis had been infrequently reported and only in adults.³ If the girl ingested the oncosphere in the first semester of life, an estimated minimum growth rate of the cyst was 2.5–3 cm per year.

Canine coproparasitological research in the environment where the family was living showed a dog with *Taenia* spp. These findings confirm the persistence of the habit of feeding dogs with raw offal and the existence of hosts involved in the parasite life cycle, which represent risk factors to develop cystic echinococcosis or other parasitic diseases.

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Intestinal Parasites Among Children With Diarrhea Younger Than 5 Years of Age in Rural Ethiopia

To the Editors:

We performed a retrospective cross-sectional study in a rural hospital in southern Ethiopia to document parasitic infection in children younger than 5 with acute diarrhea (defined as ≥ 3 loose stools within 24 hours for <5 days) from January 2007 through December 2012. Stool samples were collected according to World Health Organization guidelines on fecal sample collection. Stool specimens were examined by direct microscopy of smear in saline and Lugol's iodine for detection of parasites. The study protocol was reviewed and approved by the Institutional Ethical Review Board at Gambo Rural Hospital.

Thirteen thousand eight hundred and fifteen children younger than 15 were included in the study during the time period mentioned. Of a total of 6776, 1742 (25.7%) had parasites. The odds ratio of having parasites was 0.87 (95% confidence interval, 0.84–0.90) compared with children older than 5. Of the 1742 parasitized children, 192 (2.8%) had multiple parasites.

The most prevalent parasite isolated was *Giardia intestinalis* (16.7%), followed

The authors have no conflicts of interest to disclose.

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