A male in his seventh decade of life with prostate cancer in remission and no smoking history presented with 3 months of nonproductive cough. Chest imaging showed a lobulated left lower lobe pulmonary nodule measuring 2.8 cm in greatest dimension (Supplemental Figure, available online at http://www.mayoclinicproceedings.org). Given concern for malignancy, the patient was referred for surgical resection. In the operating room, a spherical cystic lesion was visualized in the lung parenchyma and carefully excised. It spilled its contents upon incision on the specimen table (Figure A).

Histopathology revealed innumerable organisms morphologically consistent with *Echinococcus granulosus* (Figure B and C). On further questioning, the patient reported having served in the United States Army in rural southern Vietnam during the Vietnam War, where he patrolled farmlands among animals. There, he also swam in and drank dirty, contaminated water.

Cases of cystic echinococcosis (hydatid disease) by the tapeworm *E. granulosus* encountered in the United States are likely to have been acquired abroad by contact with infected animals or through ingestion of contaminated food or water containing...
E. granulosus eggs. The liver is the most commonly involved organ followed by lung, but only a minority of those with lung lesions will have concurrent liver cysts as clues to the diagnosis.1 The appearance of nonruptured pulmonary hydatid disease on chest imaging is that of smoothly margined, noncalcified nodules or masses, often without features distinguishing them from malignancy.2,3 Should rupture occur, the patient could experience complications such as hemoptysis and pneumothorax.4 Surgical resection is the preferred management, taking care not to spill cyst contents inside the patient as anaphylaxis could result. In contrast to E. granulosus, chest imaging in E. multilocularis — the cause of alveolar echinococcosis — shows nodules or masses with lobulated borders and calcification.5 Microscopically, E. multilocularis is distinguished by a thinner laminated layer around its larvae and less prominent pericystic fibrosis.6 This case is a reminder that a thorough occupational and travel history may broaden familiar diagnostic considerations for a lung nodule to include unusual etiologies.

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SUPPLEMENTAL ONLINE MATERIAL

Supplemental material can be found online at http://www.mayoclinicproceedings.org. Supplemental material attached to journal articles has not been edited, and the authors take responsibility for the accuracy of all data.

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