Clinical Image

Chest Wall Tuberculosis Mimicking Hydatid Cyst

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![Images of chest wall tumor, CT slice, and MRI image showing cystic-necrotic mass with extrapleural extension.](https://doi.org/10.1016/j.arbres.2023.05.011)

**Fig. 1.** (a) Tumour in the right posterolateral chest wall without evidence of inflammation. (b) Axial CT slice showing cystic-necrotic mass with extrapleural extension. (c) Coronal MRI image showing the same lesion with small septums inside.

We present the case of a 36-year-old woman, who was referred, for clinical rib pain of several weeks' development, accompanied by a fixed and indurated tumour in the right posterolateral chest wall ([Fig. 1a](#)). We conducted a computed tomography, which revealed a cystic-necrotic mass with involvement of the intermuscular plane and intrathoracic extension that presented an extrapleural soft tissue component and coarse calcifications ([Fig. 1b](#)). To better characterise the lesion, we requested a magnetic resonance. This revealed a encapsulated lesion with alteration of the signal of the musculature that suggested rupture of the lesion. In T2 sequences, we identified hypointense membranes suggestive of vesicles. Rupture of a hydatid cyst was considered as a diagnostic possibility ([Fig. 1c](#)).

Bearing these results in mind, we decided to perform a diagnostic-therapeutic surgical intervention while taking the necessary preventive measures given the possible diagnosis of hydatid cyst rupture. We performed a block resection including muscular planes along with the 8th and 9th right costal arches repairing the wall defect with a Goretex mesh. The anatomopathological analysis revealed a 5 cm abscessed necrotising granulomatous inflammation, affecting the soft tissues, with the presence of acid-fast bacilli (AFB), and positive amplification for *Mycobacterium tuberculosis* complex.

**Authors' contribution**

All authors have contributed intellectually to the case, meet the conditions of authorship and have approved the final version of the case.

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**Conflict of interest**

The authors declare that they have no conflict of interest.

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