A 30-year-old female presented in the outpatient department of Orthopedics with the history of low backache for 1 month. Physical examination revealed normal findings. A plain radiography of lumbo-sacral spine showed a large egg-shell calcification overlying the spine (Fig 1). Ultrasonography of whole abdomen showed a round mixed echogenic lesion with calcified rim almost occupying the whole of the left lobe of the liver. These features are suggestive of hydatid cyst. On CT scan of whole abdomen a cystic lesion measuring 62x65 mm found in the left lobe of the liver having marginal calcification was consistent with hydatid cyst in the liver. Intrahepatic biliary radicles were not dilated. Other laboratory investigations were normal. She underwent laparotomy followed by resection of cysts. She was prescribed albendazole for 6 months.

Hydatid disease is a parasitic infestation by a tapeworm of the genus *Echinococcus*. These are commonly hepatic (50–80%) and pulmonary (5–30%), but may be found in other sites such as bone, pleura, peritoneum, spleen and kidney. The primary carriers are dogs and wolves. Sheep, cattle and deer are the intermediate hosts. Humans are alternative/accidental secondary hosts and are infected by ingestion of ova from the feces of dogs. Right hypochondrial pain is the most frequent clinical sign, but the patient may remain asymptomatic. Benzimidazoles are the medical treatment, but surgery is the therapeutic gold-standard.

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**References**

