

Editorial on Cardiac Hydatid Cysts- Surgical Challenge

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Editorial

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In the time of pandemic, infectious diseases are the latest trend. Hydatid disease is one of those infectious diseases, which is caused by tape worms. It is spread by food eaten, water, or by close contact with infected animals. The disease is still present in different parts of the world and currently affects about one million people. According to the literature, the economic cost of the disease is estimated to be around three billion US dollars a year. When hydatid disease is in humans, cysts are in the liver (in 75% of cases), the lungs (in 5–15% of cases) and other organs such as the spleen, brain, heart, and kidneys (in 10–20% of cases). Cardiac hydatid cysts are really rare. It is not a straightforward disease that can be diagnosed like any other. The course of symptoms is vague. It might even be without any symptoms at all, while in other patients it can be fatal. Symptoms can vary from chest pain to a cough. Several cases can include small cysts all over the heart, or one large cyst in one of the heart cavities. There is no room for routine cases in such operations. Surgical excision is done under cardiopulmonary bypass in almost all cases. However, there have been some experience with excision on a beating heart. The main fear is reinfestation. Albendazole is one important aspect of the follow-up protocol. Preserving the heart valve functions can be a real surgical challenge in some cases. Syria is still one of those countries where hydatid disease is still present. We see many cases that are useful to enrich the literature, while there are not many similar studies in the developed countries. We are submitting the manuscript not only to talk about those rare cases, but also to improve surgical care of cardiac surgery patients in both the developed and developing countries

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