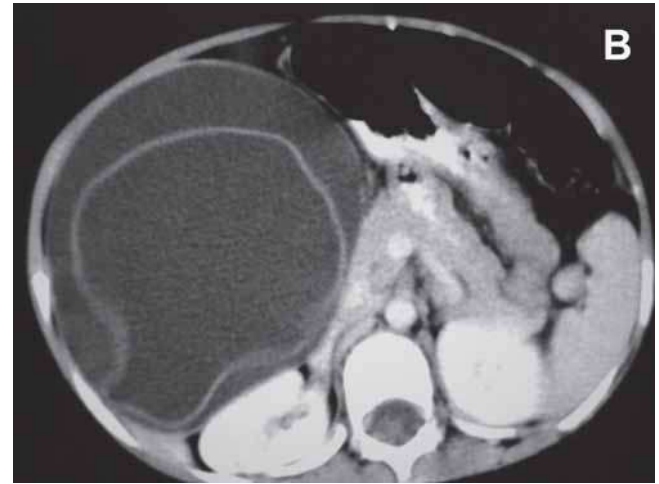
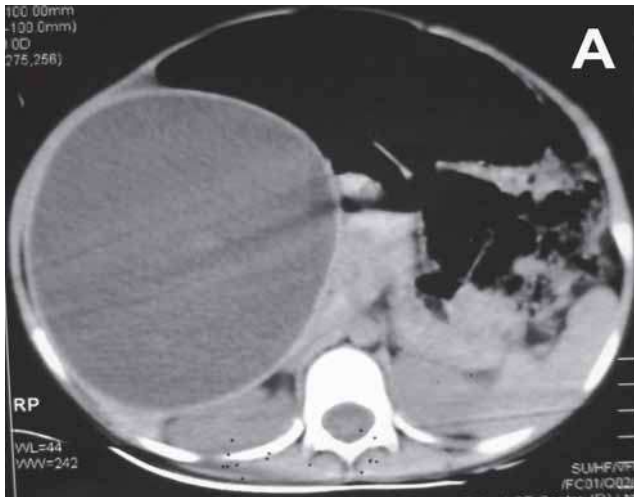


## Floating Membrane Sign

Venkatachalam Raveenthiran<sup>1</sup>, Bulabai Karpagam<sup>2</sup>

Departments of Pediatric Surgery<sup>1</sup> and Radiodiagnosis<sup>2</sup>,  
Sri Ramasamy Memorial (SRM) Medical College,  
SRM University, Kattankulathur, Tamilnadu, India



A 3-year-old Nepalese girl consulted her family physician for painless abdominal distension of gradual onset. A contrast enhanced CT scan showed a huge (15 x 15 cm) non-enhancing, unilocular, thin-walled cyst within the liver parenchyma (Panel A). Although the CT appearance is indistinguishable from that of a solitary non-parasitic cyst of liver, her family physician diagnosed Hydatid cyst as she was from an endemic area. She was prescribed with oral Albendazole 200 mg daily for 3 months and subsequently referred to our center. A repeat CT scan showed “floating membrane” sign which is pathognomonic of hydatid cyst. (Panel B). This radiological appearance is produced when the intracystic pressure drops, either because of cyst rupture or because of dying larva, leading to separation of laminated membrane from pericyst. At laparotomy the cyst was completely excised (Panel C) and histopathology confirmed non-viable hydatid cyst. She is well without recurrence 6 months after surgery. Preoperative



Albendazole treatment is beneficial as it kills the larva and reduces the risk of recurrence due to intra-operative spillage of live scolices.

### Address for correspondence

Prof. V. Raveenthiran, 200, Fifth Street, Viduthalai Nagar, Sunnambu  
Kolathur, Tamilnadu, India  
Telephone: 044-22463882  
Mobile Phone: 09443310182  
E mail: vrthiran@yahoo.co.in

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