

Hydatid Cyst of Dorsal Spine: An Uncommon Localization

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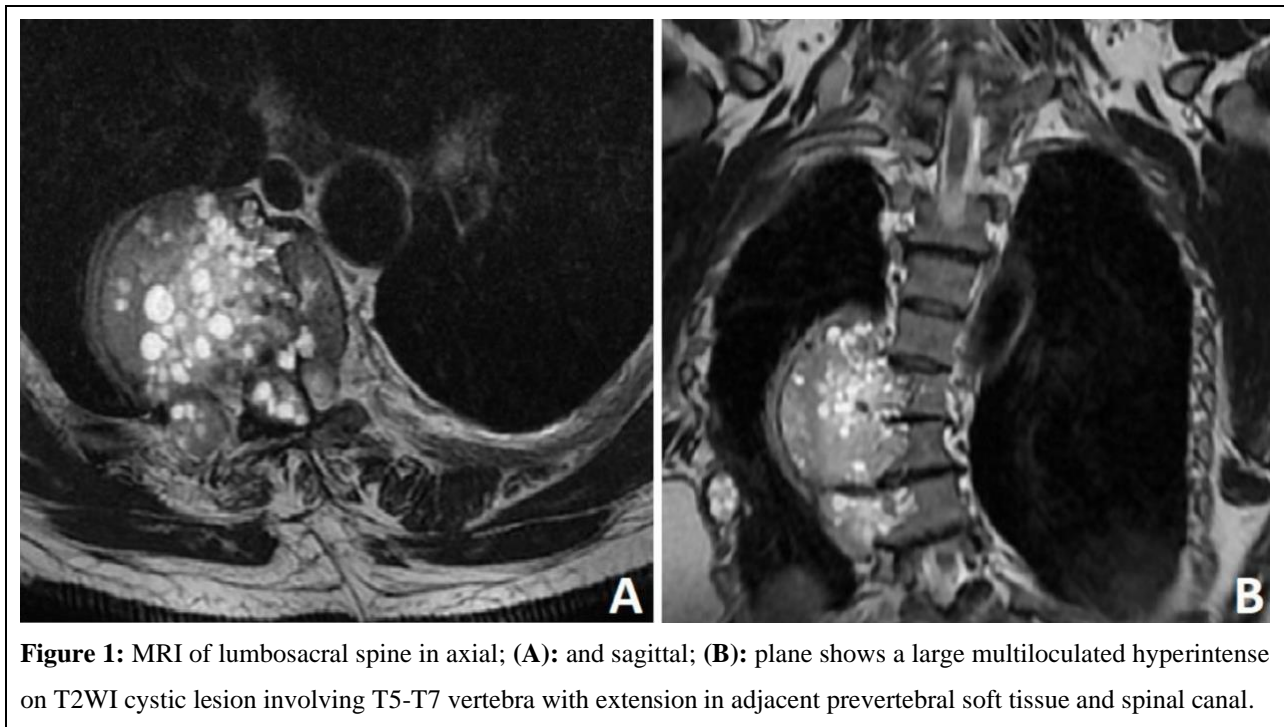


Figure 1: MRI of lumbosacral spine in axial; (A): and sagittal; (B): plane shows a large multiloculated hyperintense on T2WI cystic lesion involving T5-T7 vertebra with extension in adjacent prevertebral soft tissue and spinal canal.

Clinical Image

Spinal hydatid cyst disease is a rare and uncommon condition, with only a limited number of cases documented in scientific publications. This infection results from the presence of *Echinococcus granulosus* cestode larvae. Human infection can occur through direct contact with the definitive host, typically dogs, or through the ingestion of food contaminated with the eggs of the parasite [1]. Bidloo provided the initial documentation of the bone disease in 1708, followed by Churrier's account of the first description of spinal hydatid disease in 1807. Subsequently, Reydellet reported the first surgical intervention for this condition in 1819 [2].

We report the case of a 47-year-old Moroccan patient presented at the hospital with symptoms of pain in the right lower back and bilateral lower limb weakness. Neurological evaluation revealed weakness in the lower extremities, with a muscle strength of 4/5 on the left side and 3/5 on the right side. The patient exhibited brisk tendon reflexes and a negative Babinski sign, while the rest of the physical examination was unremarkable. Furthermore, it is noteworthy that the patient had a childhood residence in a pastoral area, where they had close contact with various livestock including cattle, sheep, and horses.

The MRI scan revealed the presence of an oval-shaped solid-cystic cavity on the right side of the vertebral body between T5 and T7. Additionally, there was enlargement of the intervertebral foramen. The cystic cavity appeared hypointense on T1-weighted images (T1WI) and hyperintense on T2-weighted images (T2WI) and T2 fat-suppressed images (T2FS). Inside the cavity, there were multiple compartments separated by walls, and these cystic lesions had well-defined boundaries with the surrounding tissues. The differential diagnosis is essentially with bone tumors and osteitis [3].

The optimal treatment approach for spinal hydatid disease, particularly in patients experiencing symptoms of spinal cord compression, remains surgical removal of the lesion, which is considered the preferred and most effective method along with postoperative adjuvant albendazole chemotherapy [4]. Surgical intervention continues to be regarded as the "gold standard" for treatment in such cases.

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