
INTRASPINAL HYDATID CYST: RAREST OF THE RARE

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HISTORY

- 42-year-old male, arabic descent
- 2-month history of back pain and gradual progressive paraparesis
- paraplegia - 1 week
- Associated with urinary incontinence and loss of bowel control

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- Similar complaints 15 years back
 - Underwent T6 to T10 laminectomy with excision of intraspinal lesions.
 - Histopathological examination - Hydatid cyst.
 - Postoperative course – uneventful.

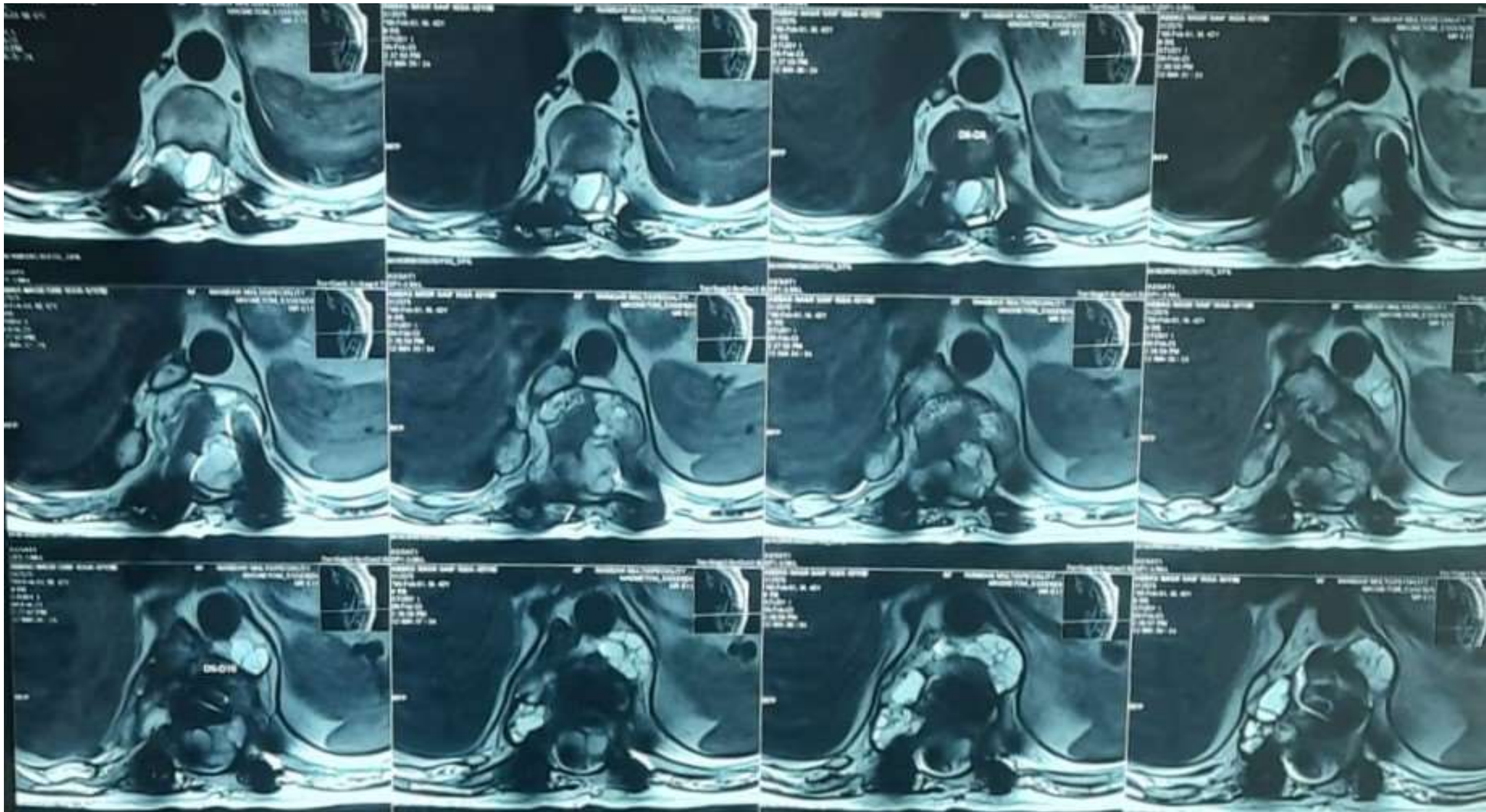
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- 2 years later, developed recurrent complaints of back pain, tingling and numbness in bilateral lower limbs.
 - Neuroimaging studies - recurrent intraspinal lesions extending from T6 to T10 level.
 - Underwent redo surgery - excision of the recurrent lesions.

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- A year later, for the 3rd time- presented with tingling in both feet and numbness from his waist to ankles.
 - MRI spine - recurrent intradural intramedullary lesions.
 - Transpedicular fixation - T7 to L1 vertebral levels along with excision of recurrent lesions.

MRI

- Multiloculated fluid intensity, non-enhancing, intradural extramedullary lesions along the ventral aspect of thecal sac extending from T4 to T10 vertebral level.
- Significant compression and dorsal displacement of the cord
- Similar lytic lesions involving the left side of the T10 vertebra.
- Likely represent residual/ recurrent hydatid cysts.






CT

- Transpedicular fixation from T7 to L1 vertebral levels and laminectomy from T6 to T10 vertebral levels was noted.
- Scalloping of the posterior margins with bony erosions of T9-T12 vertebrae,




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- Neither the physical examination, nor the ultrasonography of the abdomino-pelvic organs demonstrated any localization of disease other than spine.
 - Discharged on antihelminthic regimen consisting of albendazole (400 mg twice a day) for a minimum period of 6 months.

DISCUSSION

- Spine involvement in hydatid disease is believed to occur through vertebral–portal venous anastomosis.
- The more common involvement of the spine is a result of the presence of Batson’s venous plexus. In Batson’s venous plexus, there is direct flow from the intestinal vascular bed to the spine and this blood is not being filtered via the lungs or liver.
- Direct extension of a hepatic or pulmonary focus may be another way of spinal involvement.
- Hydatid disease of the spine is more commonly to be a primary process than a secondary process

CONCLUSION

- Spinal hydatidosis is a rare disease but has a high rate of morbidity even though there are significant advances in diagnostic imaging procedures and surgical management.
- It may be frequently misdiagnosed as an arachnoid cyst, hence in an endemic area, in the differential diagnosis of an intradural arachnoid cyst, a hydatid cyst should be considered.

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- For a correct and early diagnosis of hydatid cyst disease, a high index of suspicion combined with good-quality neuroimaging is necessary.
 - En-bloc surgical resection of the cysts preventing intraoperative cystic rupture should be the aim and post-operative anti-helminthic therapy.



THANK YOU