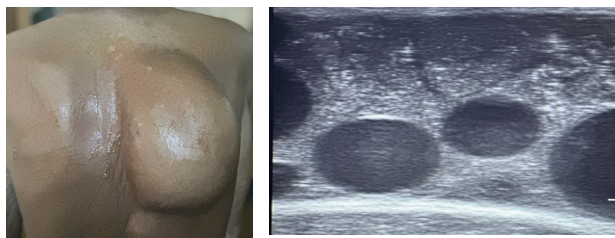


INTRODUCTION

Hydatid disease is caused by infection with the larval stage of *Echinococcus granulosus*. Liver, lung, and spleen are the common sites of primary hydatidosis. Hydatid disease of the spine occurs in 1% of hydatidosis. It occurs either by direct extension from a pulmonary infestation or begins less often primarily in the vertebral body. The intraspinal extension may result in myelopathy or cauda equina syndrome.

MATERIALS / METHODS

A 70-year-old male came with c/o swelling in the right paraspinal region at thoracic level since 5yrs which was increasing progressively in size, with symptoms of weakness of all 4 limbs (Upperlimb>>Lowerlimb).USG done with the GE machine. NCCT and CECT were done with a 128-slice SIEMENS machine.MRI was done with a PHILIPS machine at our institute .



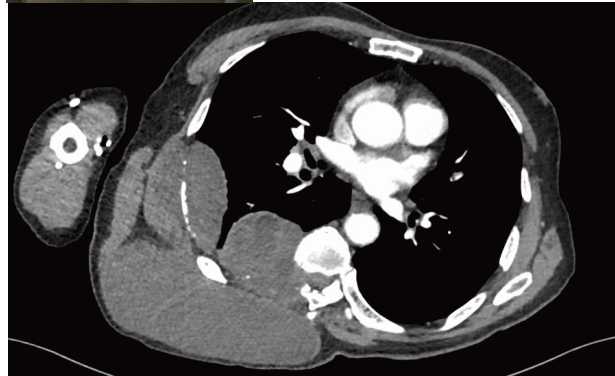
RESULTS & DISCUSSION

RESULTS: On USG multiloculated cystic lesion with daughter cysts noted. NCCT and CECT showed a multiloculated cystic lesion in the Right paraspinal region with intraspinal, extrathoracic extensions ,with adjacent bony erosions . On MRI intraspinal extramedullary extension was noted causing cord compression at thoracic level .

DISCUSSION:Primary vertebral hydatid disease without any other systemic involvement can be explained through the direct porto-vertebral venous shunt theory.Consequently ,hydatid cysts originating from the vertebral bone and reaching the extradural space after destroying the bone .The extradural cyst may protrude laterally into the paraspinal gutter and then penetrate the psoas muscle fascia and may protrude into the thoracic cavity as seen in our case.Correct preoperative diagnosis is very difficult in c/o single extradural cyst .Serological tests are often negative and the diagnosis is considered if the patient lives in endemic regions.Ideally the treatment would be radical excision of entire cysts without preoperative rupture.

AIMS / OBJECTIVES

The aim of this poster is to report a particular rare case of primary paraspinal hydatid disease causing cord compression which was successfully managed with surgery .



CONCLUSION

Primary paraspinal hydatidosis is considered as there is a multiloculated cystic lesion with daughter cysts and has a history of rearing sheep. Hydatid cysts should be considered as a differential diagnosis of cystic lesions in the epidural space, especially in endemic countries.

