



# A Child with Spinal Hydatid Cyst that Rarely Cause Kyphosis and Progressive Neurological Problems: A Case Report

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## Introduction

Involvement of spine in patients with hydatid disease is less than 1 % and hydatid disease that causing kyphosis is extremely rare in pediatric patients. Although most of cyst hydatid disease in pediatric patients introduce as benign pathology according to its biological behavior and clinical presentation.

## Methods

We report a 6-year-old girl who presented with hyperkyphosis and paraparesia due to an epidural cyst in thoracic spinal canal. After researching for anesthesia, in chest x-ray, being a cyst in the right lung, followed by pediatricist considered that this patient may be cyst hydatid disease. After that, pediatricists medicate albendazole to this patient in preoperative period. Then we operated child for spinal canal decompression and excision of cyst hydatid. We planned opened-door laminoplasty T11-L1 vertebral columns and following excision of lesion from epidural space. Total removal of the cyst was achieved by preserving the capsule integrity for preventing potential seeding. Our preoperative initial diagnosis based on the radiological findings was confirmed as cyst hydatid histopathologically.

## Results

In postoperative first day, patient started to walking unassisted. Other the most important finding in postoperative term is improvement of hyperkyphosis and postural correction. After the postoperative observation, this patient transferred to physical therapy clinic. In first month controls and sixth months controls, there was no lesion in spinal MRIs and patient had walking well, straight posture except urological problems.

## Conclusions

Cyst hydatid should be considered in the differential diagnosis of the presence of homogenous cystic lesions with regular shape inside the spinal canal. To our knowledge, this pediatric patient is one of the rare case of extradural cyst hydatid in spinal canal caused to hyperkyphosis and progressive paraparesia.

## Learning Objectives

By the conclusion, treatment of hydatid cyst is primarily surgical, demanding total removal without rupture. We recommend that neurosurgeons should consider that Hydatid disease and its complications can be treated by multidisciplinary working.

## References

