



## Intradural extramedullary spinal hydatid cyst causing bone destruction

A 66-year-old man presented with complaints of back pain, paresthesia, and weakness in right lower limb for the last 3 months. Magnetic resonance imaging examination showed a few lobulated cystic lesions with a regular contour measuring  $3 \times 1.5$  cm in biggest dimension located in intradural extramedullary region at the level of T11–T12. There was also cystic lesion in the extradural region. The lesions were hypointense on T1-weighted images and hyperintense on T2-weighted images with a hypointense rim. After intravenous gadolinium injection, there was no contrast enhancement on T1-weighted images. Medulla spinalis was compressed especially at left side (Fig. 1). Additionally, bone destructions were detected in the adjacent vertebral pedicle (Fig. 2). The radiologic diagnosis was consistent with hydatid cyst. Diagnosis was confirmed histopathologically after surgery.

Spinal hydatid disease constitutes only 1% of all hydatid cysts. In 90% of the spinal cases, the disease occurs in the bone and the epidural space [1]. Intradural extramedullary

spinal hydatid cyst is extremely rare [1,2]. Therefore, it should be considered in the differential diagnosis of intradural extramedullary spinal masses.

### References

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- [2] Onbas O, Kantarci M, Alper F, Sekmenli N, Okur A. Spinal widespread intradural extramedullary hydatidosis. *Neuroradiology* 2004;46:310–2.

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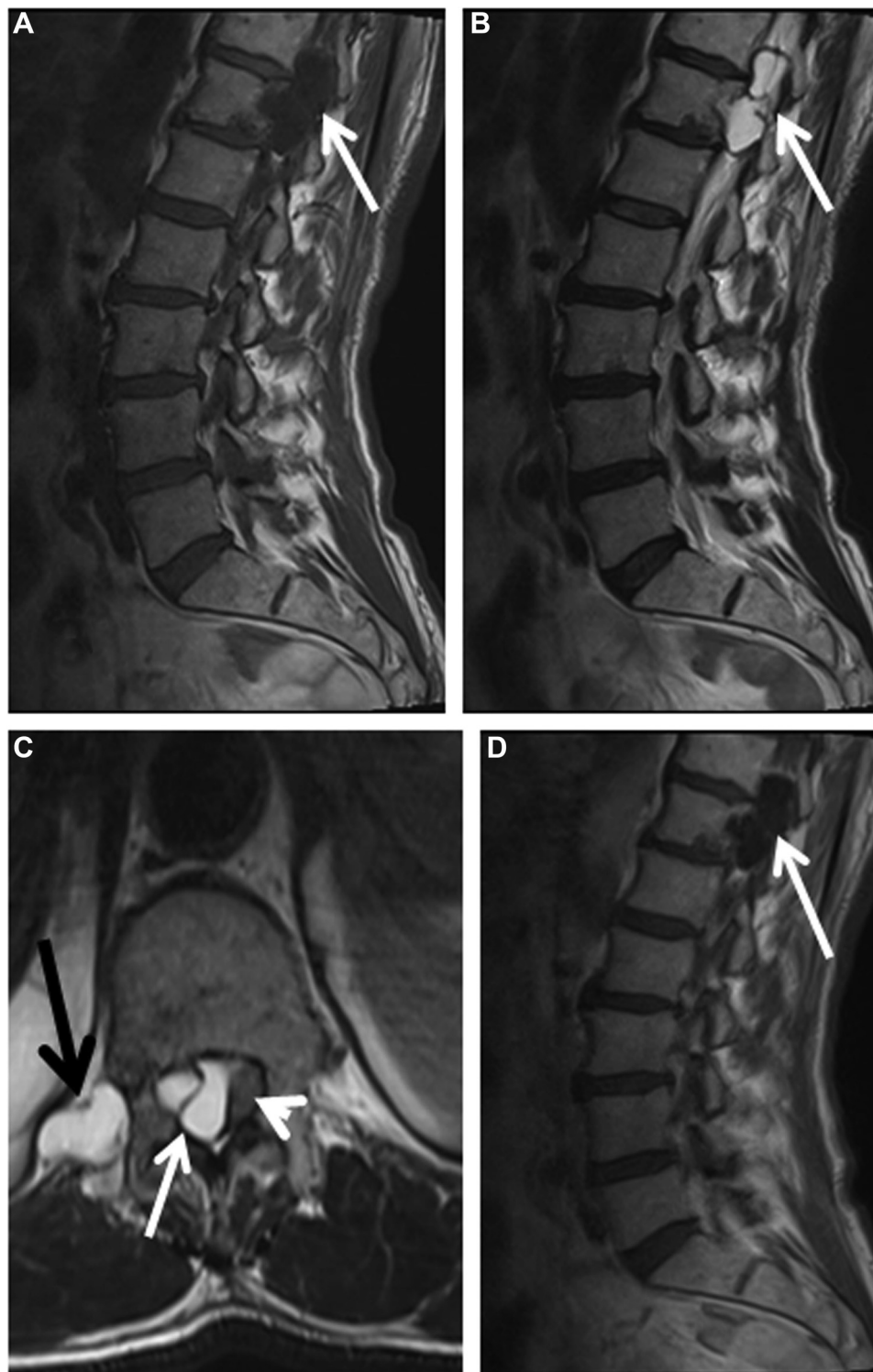


Fig. 1. Sagittal T1-weighted image (A) shows hypointense cystic lesion, sagittal T2-weighted image (B) shows hyperintense cystic lesion (arrows). Axial T2-weighted (C) image shows hyperintense cystic lesions located in intradural extramedullary (white arrow) and extradural region (black arrow). Contrast-enhanced sagittal T1-weighted image (D) shows no contrast enhancement in cystic lesion. Arrowhead: medulla spinalis.

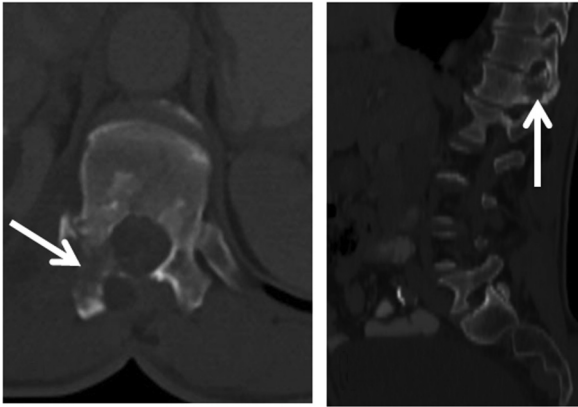


Fig. 2. Axial (Left) and sagittal (Right) computed tomography images show bone destructions (arrows) in vertebral pedicle.