



RARE CASE OF PRIMARY PARASPINAL HYDATID CYST IN A YOUNG FEMALE

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ABSTRACT Hydatid disease, caused by the *Echinococcus granulosus* tapeworm, involves the formation of cysts primarily in the liver and occasionally in other organs. Transmission occurs through ingestion of tapeworm eggs, often by intermediate hosts like sheep and humans. Diagnosis typically relies on ultrasonography and MRI scanning, with characteristic hypodense lesions observed. Surgical removal is the preferred treatment to prevent complications like infection and rupture. A case study illustrates the presentation and management of a 22-year-old female with a primary paraspinal hydatid cyst, successfully treated with surgical excision and postoperative albendazole therapy.

KEYWORDS : *Echinococcus*, hydatid cyst, muscle, paraspinal

INTRODUCTION:

Hydatid disease is due to infection by the tapeworm *Echinococcus granulosus* in its larval or cyst stage.⁶⁶ The tapeworm lives in canids, which are infected by eating the viscera of sheep that contain hydatid cysts. Scolecices, contained in the cysts, adhere to the small intestine of dogs and become adult taenia, which attach to the intestinal wall. Each worm sheds approximately 500 ova into the bowel. The infected ova-containing feces of dogs contaminate grass and farmland, and the ova are ingested by intermediate hosts such as sheep, cattle, pigs, and humans. The ova have chitinous envelopes that are dissolved by gastric juice. The liberated ovum then burrows through the intestinal mucosa and is carried by the vein to the liver, where it develops into an adult cyst. Most cysts are caught in the hepatic sinusoids, and therefore 70% of hydatid cysts form in the liver. A few ova pass through the liver and are held up in the pulmonary capillary bed or enter the systemic circulation, forming cysts in the lung, spleen, brain, or bones.

Ultrasonography and CT scanning of the abdomen are both quite sensitive for detecting hydatid cysts. The appearance of the cysts on images depends on the stage of cyst development. Typically, hydatid cysts are well defined hypodense lesions with a distinct wall. Ring-like calcifications of the pericysts are present in 20% to 30% of cases. As healing occurs, the entire cyst calcifies densely, and a lesion with this appearance is usually dead or inactive. Daughter cysts generally occur in a peripheral location within the main cyst and are typically slightly hypodense compared with the mother cyst. MRI of the abdomen may be useful to evaluate the pericyst, cyst matrix, and daughter cyst characteristics.

treatment of hydatid disease is surgically based because of the high risk of secondary infection and rupture. surgical resection involving laparoscopic or open complete cyst removal with instillation of a scolicalid agent is preferred and usually is curative.

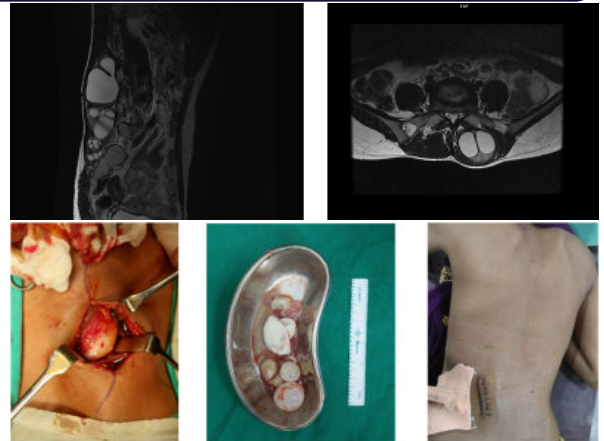
Case:

22 year old female came with complaints of swelling in lower back on left side since 2 months complaints of pain over the swelling, no history of fever weight loss or loss of appetite, there were no comorbidities or TB contact

On examination there was a swelling over left PARASPINAL region measuring 3x4 x3 cm with no signs of local inflammation

USG was suggestive of multiple cystic lesion further evaluated by MRI suggestive of primary Para spinal hydatid cyst.

Patient was planned for open cyst excision with scolicalid application to the site. Procedure was uneventful, patient was started on albendazole post operatively for 4 weeks



Post Op Follow Up:

Patient had a uneventful recovery no complications of the surgery

DISCUSSION:

There are a very few cases of paraspinal hydatid cyst have been documented so far. Radiological assessment can be of great help in reaching the diagnosis. Surgical resection is the treatment of choice in large paraspinal hydatid cysts

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