

# Recurrent Multicystic Vertebral Hydatidosis Causing Spinal Cord Compression: Radical Corpectomy and Instrumented Reconstruction in an Endemic Setting

## PATIENT & SYMPTOMS

**PROFILE** 28-year-old female from Huacho, Peru.

**SYMPTOMS** Progressive dorsal pain, paraparesis, and urinary retention indicating severe neurological compromise.

## DIAGNOSTIC IMAGING

**MRI** Multiloculated cystic lesion at T12 level.

**CT** Vertebral body lysis, >50% spinal canal compromise, and approx. 80% bone destruction.

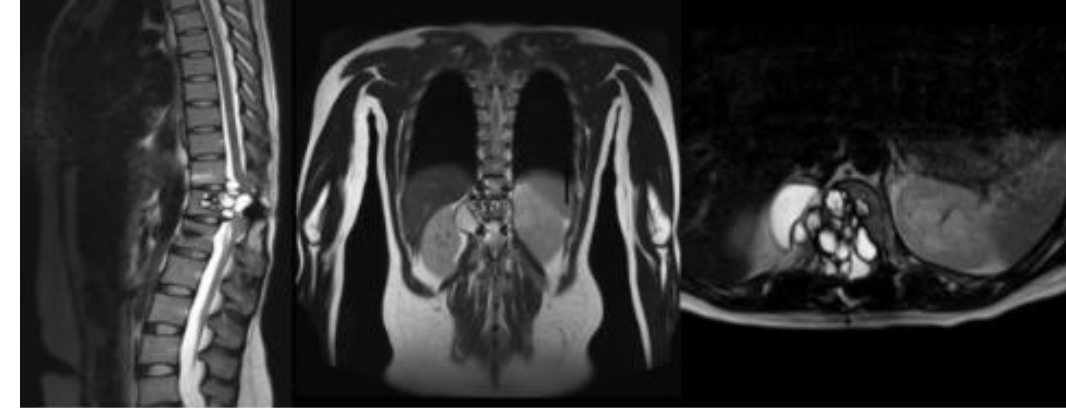
## SURGICAL INTERVENTION

**PROCEDURE** T12 total corpectomy with titanium mesh cage reconstruction and T11-L1 posterior fixation.

**INTRAOP** Incidental cyst rupture occurred; addressed with hypertonic saline irrigation.

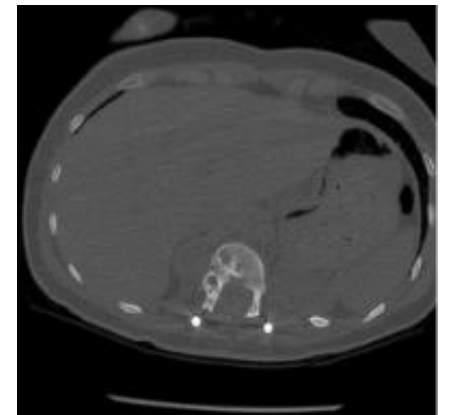
## HISTOPATHOLOGY

**RESULT** Biopsy confirmed the presence of *Echinococcus granulosus* (Hydatidosis), validating the diagnosis of recurrent spinal parasitic infection.



Magnetic resonance imaging (MRI) with contrast: Dorsolumbar spine shows expansive process of the D12 vertebral body, isointense on T1 with multiple intralesional septa and hyperintense lesions on T2 with multiple hypointense septa, compatible with a multicystic lesion that produced lysis of the vertebral body and extended to the left lateral part of the vertebral body and invaded more than 50% of the spinal canal and signs of myelopathy.

Dorsal tomography with 3D reconstruction: Irregularly shaped tumor causing lysis of the D12 vertebra, D12-L1 lateralisthesis to the right, and lumbosacral instability due to rupture of the posterior arch.



01

## POSTOPERATIVE REHABILITATION

After 4 months of rehabilitation, motor strength improved to 4/5. At 12-month follow-up, the patient remained stable with no signs of recurrence.

02

## SURGICAL RESECTION

Aggressive surgical resection is paramount for local control and decompressing the spinal canal in cases of extensive vertebral involvement.

03

## MEDICAL THERAPY

Prolonged antihelminthic therapy is essential to reduce the risk of secondary seeding and manage recurrent lesions effectively.

04

## EARLY DIAGNOSIS

Early diagnosis and rigorous follow-up are critical to preventing permanent neurological deficits and identifying early recurrence.