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A rare and unexpected clinical progress on a primary extradural spinal cyst hidatic – A case report

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A 9 y/o female, admitted to hospital with gradually progressed complaints as lower extremity weakness, back pain and unable to walk after 1 month history of traumatic fall while walking. In the first neurological examination on the admission of the hospital the patient had 2/5 Muscle Strength Grading Scale (Oxford Scale) and was able to walk with assistance. She had a cyst reported as atypical hemangioma and the lesion was located ventral of spinal canal, grabbed posterior part of the corpus of th12 vertebra and the lesion was not invased to bone or paraspinal area of the spine and the lesion was expanding the spinal canal.

The patient was hospitalized for further examination for the lesion. In the follow up period the patient's neurological examination went worse her Muscle Strength Grading Scale (Oxford Scale) became 4/5, developed urinary and gaita incontinence, increased deep tendon reflexes and bilateral babinsky reflex. After the new symptoms a new thoracal MRI arranged immediately. New thoracal MRI showed the lesion's increased in size and lesion was compressing the spinal cord 30-40% more in contrast with the previous MRI imaging.

The patient went through th12 total laminectomy, th11 – 11 partial total laminectomy and cyst hydatic like lesion was excized totally and unruptured. In the operative findings the lesion was located extradurally and results confirmed the lesion was a cyst hydatic hystopathologically.

After discharging from the hospital in the third and sixth month follow up period, no recurrence has been detected. The patient has taken in to the rehabilitation programme and after 6 months the patient was symptom free.

Results: Similar cases as isolated ventrally located primary extradural spinal cyst hydatic hasn't published in the literature. This is a rare case clinically due to the fact that progressive neurological findings and history of trauma has been found and anatomically I because of the lesion's ventral location in the spinal canal the potential risk of the The cyst rupture has to be thought carefully in the surgery, adjacent tissue must be observed carefully and if there is no detection of adherence of the cyst to the adjacent tissue it has to be removed totally.

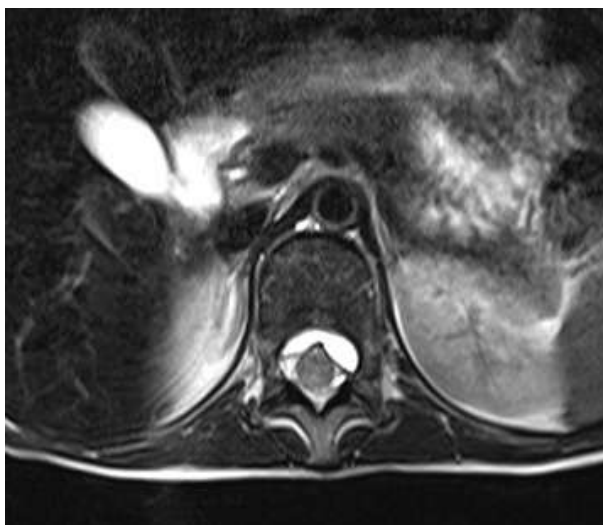


Figure 1: Pre-operative first MRI – Axial



Figure 2: Pre-operative first MRI – Sagittal

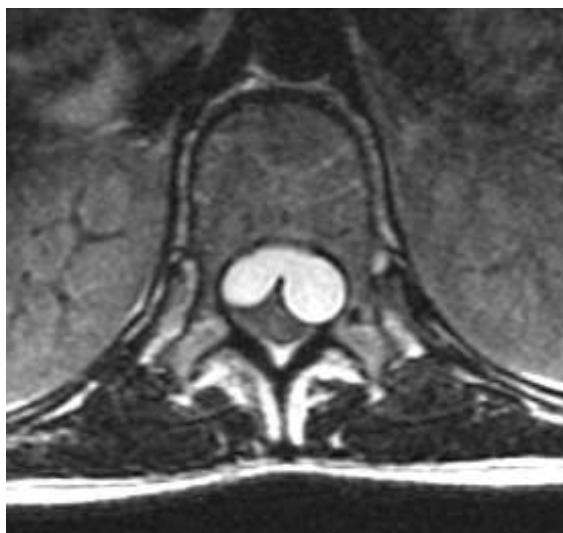


Figure 3: Pre-operative second MRI after neurological deterioration – Axial



Figure 4: Pre-operative second MRI after neurological deterioration – Sagittal



Figure 5: Post-operative MRI – Sagittal

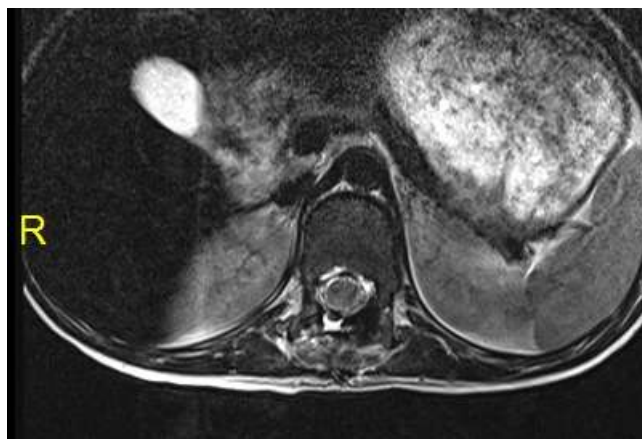


Figure 6: Post-operative MRI – Axial



Figure 7: Initial step of surgery – Detachment of cyst hidatic from adherent tissue



Figure 8: After dissection of adherent tissues



Figure 9: Water dissection of cyst hidatic with hipertonic solution



Figure 10: Water dissection of cyst hidatic with hipertonic solution