Clinical Image

Posterior Approach to Intrathoracic Hydatid Cyst Invading the Dorsal Spine

**Abordaje posterior de un quiste hidatídico intratorácico que invadía la columna vertebral**

Mohammed-Massine El Hammoumi, a,∗ Brahim El Mostarchid, b El Hassane Kabiri c

a Servicio de Cirugía Torácica, Mohamed V Military University Hospital, Rabat, Morocco
b Servicio de Neurocirugía, Mohamed V Military University Hospital, Rabat, Morocco
c Faculty of Medicine and Pharmacy, Mohamed V University, Rabat, Morocco

Hydatidosis is a parasitic disease caused by the larval form of *Echinococcus granulosus*. Thoracic and costo-vertebral hydatid cysts are very rare, accounting for 0.18%–1.21% of all cases. We report a thoracic and costo-vertebral multivesicular hydatid cyst in a 28-year-old man (Fig. 1A and B). The patient was treated by radical surgery via a posterior approach and anti-parasitic medical treatment for a period of 6 months, and progressed well. Due to the location, number of affected vertebrae and degree of spinal cord compression, surgery can be high-risk. Thoracic spine and rib resection extending to the muscles and vertebrae, with the possibility of reconstruction or fixation and removal of cysts located in pulmonary or mediastinal sites can be achieved with posterior thoracotomy.

![Fig. 1](image-url)

**Fig. 1.** (A) Chest computed tomography showing a left multivesicular hydatid cyst in the costo-vertebral area involving the 8th and 9th ribs and the corresponding D11–D12 vertebrae, with costal lysis and spinal extension and no signs of medullar compression. (B) Hydatid cyst on chest T2-weighted coronal magnetic resonance imaging showing solid matrix with numerous daughter cysts in the mass.

∗ Corresponding author.
E-mail address: hamoumimassine@hotmail.fr (M.-M. El Hammoumi).
Conflict of Interest

No conflict of interest to declare.

References
