Primary spinal hydatid cyst account for 1% of all cases of hydatid disease.\textsuperscript{1} Usual site is at thoracic level (52 %), followed by lumbar (37 %), and then cervical and sacral levels.\textsuperscript{1} In Indian literature, few cases are reported.\textsuperscript{2-3} We report a case of 27-year-old immunocompetent Indian male patient, with chief complaints of rapidly progressive asymmetric spastic paraparesis (power right 3/5, left 0/5 lower limb) with loss of pain and temperature in the right lower limb but intact position and vibration sense, a Brown-Séquard syndrome like presentation. MRI dorsal spine (Figure 1 & 2) showed a large multicystic lesion (9 x 6.8 x 3.5 cm) with cystic components of varying size extending to paraspinal, interspinal, epidural and left paravertebral spaces at D9 level with cord compression, and displaced anteriorly to the right with extension of spinal process to D7, D8, D9, D10 causing Brown-Séquard syndrome. CECT abdomen and pelvis and MRI brain were normal. Laminectomy was performed at D7-D10 level. Intraoperatively numerous extradural cystic lesion...
was seen compressing the spinal cord. They had translucent wall with clear fluid typical of hydatid cyst with destruction of posterior elements of D7,8,9,10. All the cysts were removed as shown in Figure 3. Following surgery patient improved significantly and was discharged on albendazole 15mg/kg in divided doses for six months. During follow up at one year, he was asymptomatic.

Figure 3. Kidney tray showing multiple hydatid cysts

REFERENCES


