



Medical Imagery

Compression of the spinal cord in *Echinococcus* infection

A 27-year-old man presented to the emergency department with increasing thoracic pain. Three years prior to presentation, the patient and his family had taken refuge from Syria, and since then they had been living in refugee accommodation in Germany. Physical examination revealed located right-sided radicular pain following rib 7 and rib 8. Laboratory studies including a complete blood count and inflammatory parameters were not conclusive. A magnetic resonance imaging (MRI) scan exhibited a large cystic 'bullet-like lesion' (Figure 1A) narrowing the intervertebral foramen of thoracic vertebrae 7/8, as well as involvement of the spinal channel, including the myelon.

An Arabic translator was consulted due to the language barriers. It then became evident that the patient had a known infection with *Echinococcus*. An ELISA test showed positive results for *Echinococcus granulosus* antigen and an indirect hemagglutination (IHA) test was positive with a ratio of 1:10 240 (reference range <1:20) (Zhang et al., 2003; Brunetti et al., 2010). The patient had been inadequately treated (Brunetti et al., 2010; Kern, 2003). Albendazole was started and neurosurgical resection of the

compressing cystic tumor (Figure 1A) was performed (Brunetti et al., 2010; Kern, 2003). The radicular pain resolved and histopathological examination confirmed the diagnosis of a hydatid cyst wall (Figure 1B, white arrow) with attached protoscoleces (Figure 1B, black arrows) and *Echinococcus* hooklet (Figure 1C).

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Ethical approval

The article complies with the principles of Good Clinical Practice, including adequate human subject protections, and with the policy of the journal on ethical consent, as stated in the guide to authors.

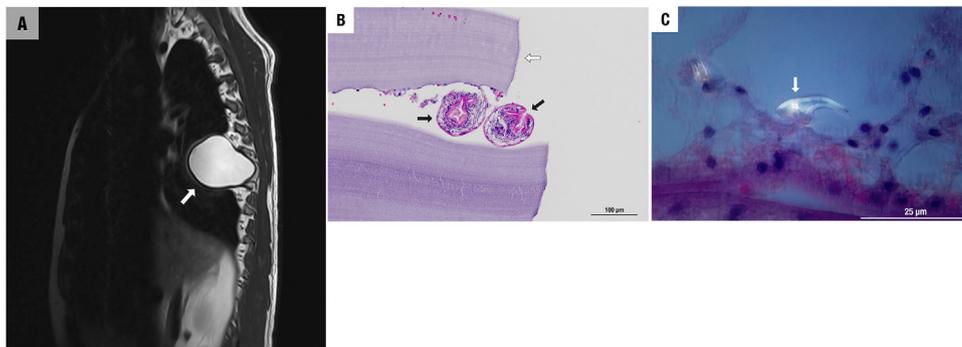


Figure 1. (A, T2-weighted MRI-scan); (B, hydatid cyst wall with attached protoscoleces); (C, Echinococcus hooklet).

Conflict of interest

There are no conflicts of interest to disclose.

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