

Casus

Tropicare 15/10/25

**Paresthesia in 76-year-old male with
intraspinal mass**

Man, 76y

MVG

- 1987 : neurosurgical procedure for benign tumor in spinal canal (UZ Gent, no longer available APO)
- further blank
- Occupation: farmer
- Travel : Croatia in 2021, otherwise only in Belgium

April: Reference to physical medicine for:

- since **1 month tingling both legs**, initially lower legs, then **progressively rising** to the full OL
- not so much loss of strength but rather a coordination disorder
- No lumbalgia
- but a few weeks before thoracic pain complaints thv. left hemithorax, then gradually improving
- N.B. compares current complaints with those from 1987, but then also loss of strength

Clinical exam

- Large surgical scar at the right hemithorax
- good mobility of the lumbar segment
- **sensitivity is bilaterally indicated as impaired from level D8 with a proximo-distal gradient**
- symmetrically **preserved power**
- Some hyperreflexia with no clear positive Babinski

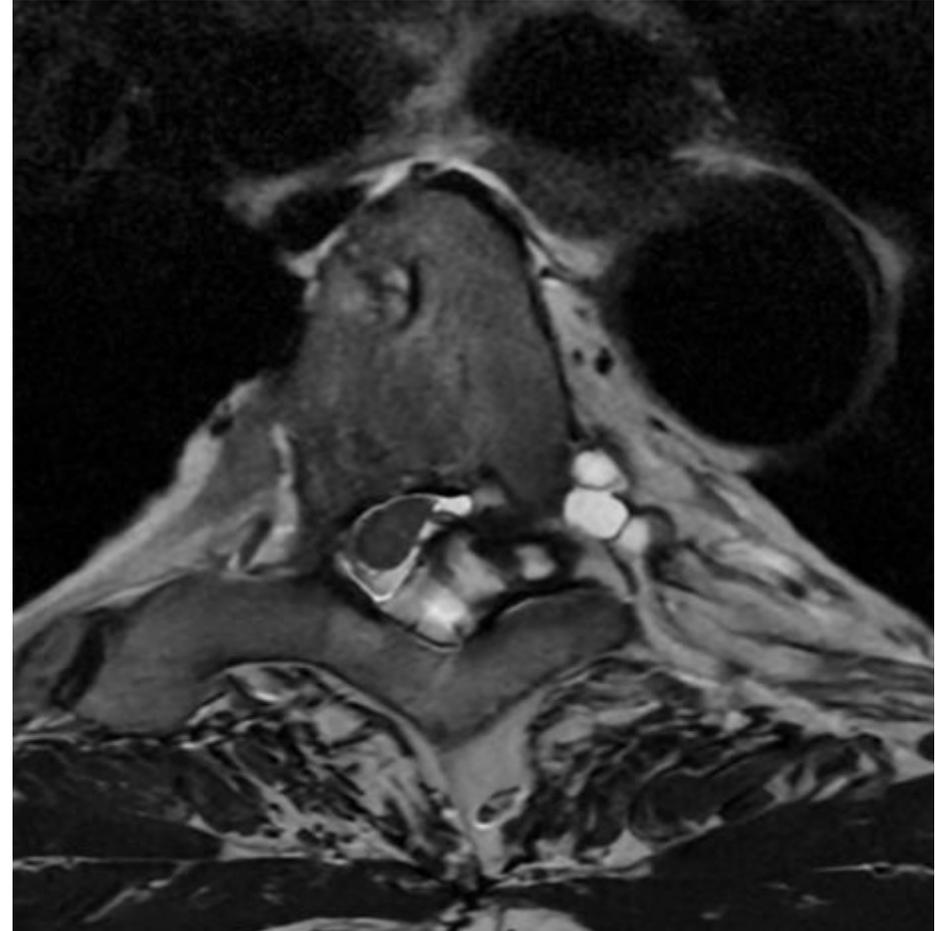
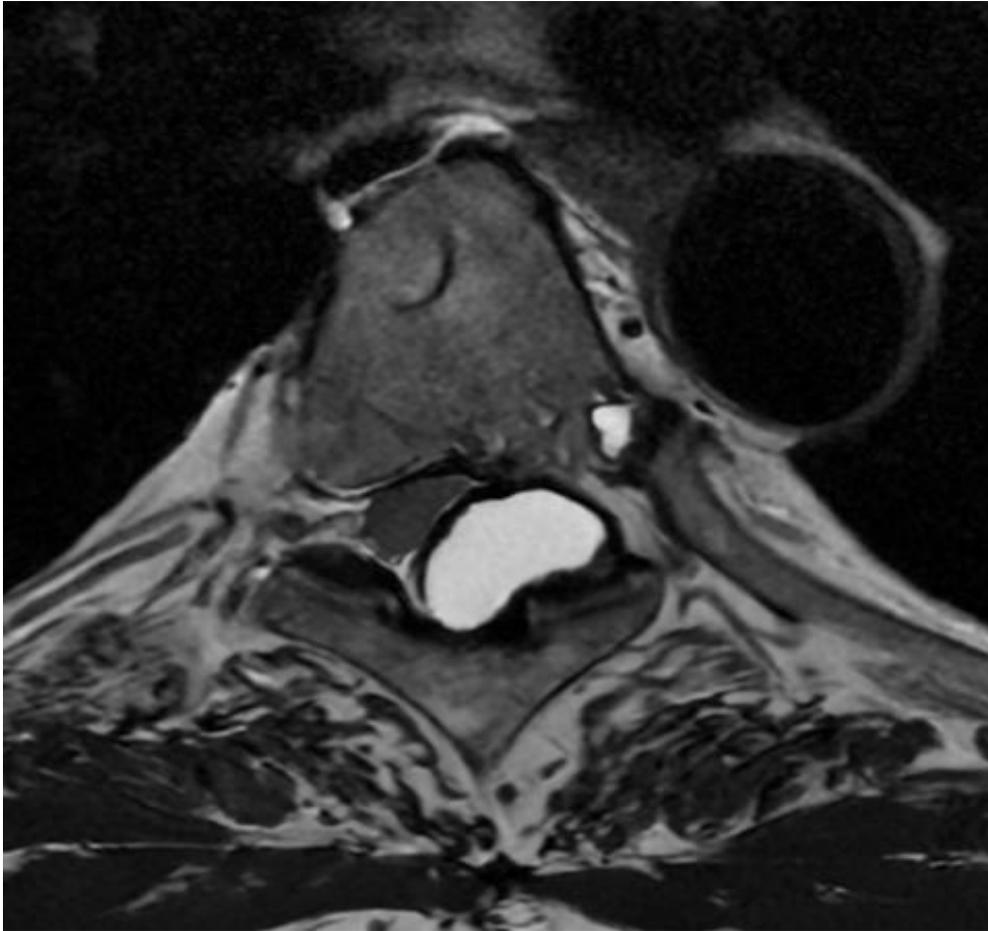
EMG

- Sensorimotor conduction study and needle EMG of both lower limbs is within normal limits
- No EMG arguments for radicular suffering L2-S1 bilateral, or other peripheral neurogenic suffering.
- Normal needle EMG of the thoracic paraspinal musculature

MRI Spine backbone



MRI dorsale wervelzuil



MRI protocol

- Pronounced narrowing of the spinal canal with compression of the myelum to the right and pronounced narrowing of the left foramen intervertebral at level **D5-D6** based on **intraspinal cystic structure left posterior** (19 mm x 10 mm x 21 mm) and **multilocular cystic structure** located left between the **costochondral junctions** (13 mm x 5 mm x 17 mm)

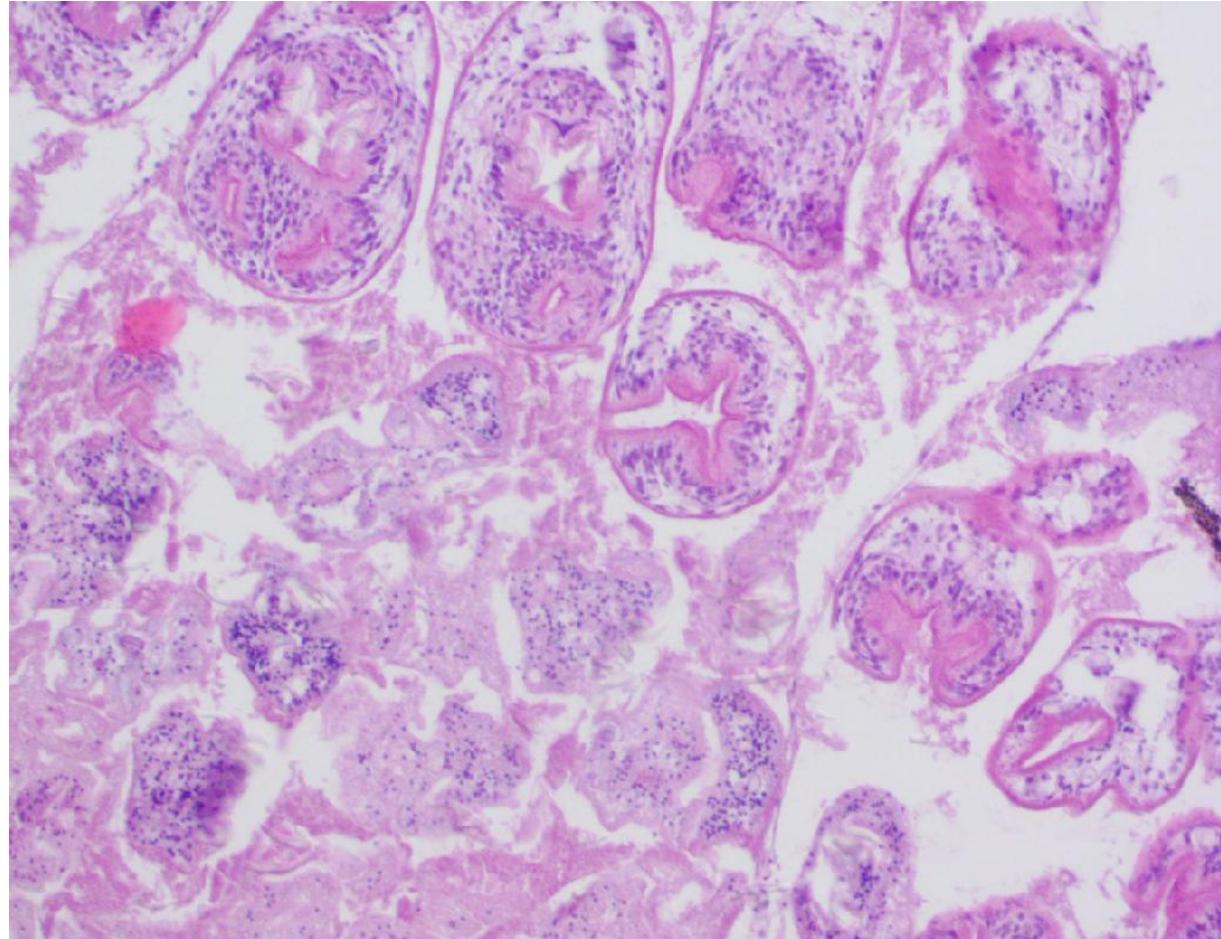
Conclusion consultation Physical Medicine:

- cystic structure intraspinal D5-D6 with compression of the spinal cord to the right. In my opinion, the central neurological complaints can be traced back to this spinal cord compression
- => referral neurosurgery

May: Neurosurgery report

- Preop indication/diagnosis : laminectomy D4-6-7 for exeresis lesion D5-6 juxtadural left, presumed flavum cyst
- Description : severe stenosis due to **cystic mass** that seems to originate from ligamentum flavum. **Double membrane. Clear cyst** contents. Resection in toto. Far into the lateral recessus on the left, it is amputated. Limited dural laceration -> Tachosil and Tisseel. Finally optimal decompression of myelum.

APO cystic mass



What's your diagnosis ?

PCR op paraffinecoupes

- Positive for ***E. granulosus* G5-genotype (*E. orteppi*)**

How contracted?

- No trips outside Europe (only Croatia in 3 years ago)
- Dead fox picked up 15 yrs ago
- Had 5 dogs as pets for a lifetime (always bred in Belgium, dewormed as puppies)
- **Livestock farmer** (cows)

(After) treatment?

- interval between neurosurgical procedure and infectious disease consultation was 4 months !!
- in the meantime paresthesias/ataxia completely disappeared

In consultation with ITM

- Albendazole 2 x 400 mg PO for 4 weeks post-treatment
- Follow-up with MRI

Control MRI at 1 month after Albendazole

- Two very small cysts (2 mm and 4 mm) are present against the posterior side to the left of corpus D5.
- Status after resection of the cyst in the spinal canal at level D5-D6 with status after laminectomy at levels D5-D6 and D6-D7.
- Status after resection of the cysts at level D5-D6 located against the costochondral junction.
- Postoperative epidural fibrosis bilateral posterior at levels D5-D6 and D6-D7.

Control MRI 14 months postoperatively

- Status after spinolaminectomy at level D5-D6 for hydatid cyst resection, known resection of the intraspinal component.
- Known remainder in the left neuroforamen at level D5-D6 with complete obliteration of the left neuroforamen as well as extension in the bone: stable.
- No suspicious injuries in the rest of the spinal canal.

Continuation M15

- Symptom-free, had no further follow-up treatment