

19/01/2023

ICMJE DISCLOSURE FORM

Date: 19/01/2023

Your Name: Rund Sami Aleissa

Manuscript Title: Surgical Management of a Recurrent Hydatid Cyst in the Thoracic Spine of a Postpartum Patient with Paraplegia: A Rare Case Report and Literature Review

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

Table with 4 columns: Item number, Description, Name of entities, and Specifications/Comments. Includes sections for 'Time frame: Since the initial planning of the work' and 'Time frame: past 36 months'.

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>      </u> None	
6	Payment for expert testimony	<u>      </u> None	
7	Support for attending meetings and/or travel	<u>      </u> None	
8	Patents planned, issued or pending	<u>      </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>      </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>      </u> None	
11	Stock or stock options	<u>      </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>      </u> None	
13	Other financial or non-financial interests	<u>No</u> None	

**Please summarize the above conflict of interest in the following box:**

None.

**Please place an "X" next to the following statement to indicate your agreement:**

  X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.

19/01/2023

**ICMJE DISCLOSURE FORM**

**Date:** 19/01/2023

**Your Name:** Mohamed Saad Asiri

**Manuscript Title:** Surgical Management of a Recurrent Hydatid Cyst in the Thoracic Spine of a Postpartum Patient with Paraplegia: A Rare Case Report and Literature Review

**Manuscript number (if known):** \_\_\_\_\_

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3	Royalties or licenses	____ None	
4	Consulting fees	____ None	

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13	Other financial or non-financial interests	___ None	

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ICMJE DISCLOSURE FORM

Date: 19/01/2023

Your Name: Ghalib Habeeb Nasraldeen

Manuscript Title: Surgical Management of a Recurrent Hydatid Cyst in the Thoracic Spine of a Postpartum Patient with Paraplegia: A Rare Case Report and Literature Review

Manuscript number (if known):

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**ICMJE DISCLOSURE FORM**

**Date:** 19/01/2023

**Your Name:** Faisal M Konbaz

**Manuscript Title:** Surgical Management of a Recurrent Hydatid Cyst in the Thoracic Spine of a Postpartum Patient with Paraplegia: A Rare Case Report and Literature Review

**Manuscript number (if known):** \_\_\_\_\_

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ICMJE DISCLOSURE FORM

Date: 19/01/2023

Your Name: Suhail S AlAssiri

Manuscript Title: Surgical Management of a Recurrent Hydatid Cyst in the Thoracic Spine of a Postpartum Patient with Paraplegia: A Rare Case Report and Literature Review

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 19/01/2023

Your Name: Majed S Abaalkhail

Manuscript Title: Surgical Management of a Recurrent Hydatid Cyst in the Thoracic Spine of a Postpartum Patient with Paraplegia: A Rare Case Report and Literature Review

Manuscript number (if known): \_\_\_\_\_

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ICMJE DISCLOSURE FORM

Date: 19/01/2023

Your Name: Fahad H Al Helal

Manuscript Title: Surgical Management of a Recurrent Hydatid Cyst in the Thoracic Spine of a Postpartum Patient with Paraplegia: A Rare Case Report and Literature Review

Manuscript number (if known): \_\_\_\_\_

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ICMJE DISCLOSURE FORM

Date: 19/01/2023

Your Name: Sami I Al Eissa

Manuscript Title: Surgical Management of a Recurrent Hydatid Cyst in the Thoracic Spine of a Postpartum Patient with Paraplegia: A Rare Case Report and Literature Review

Manuscript number (if known): \_\_\_\_\_

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