

Una presentación rara de Neurocisticercosis con mioclonías

A rare presentation of Neurocysticercosis with myoclonus

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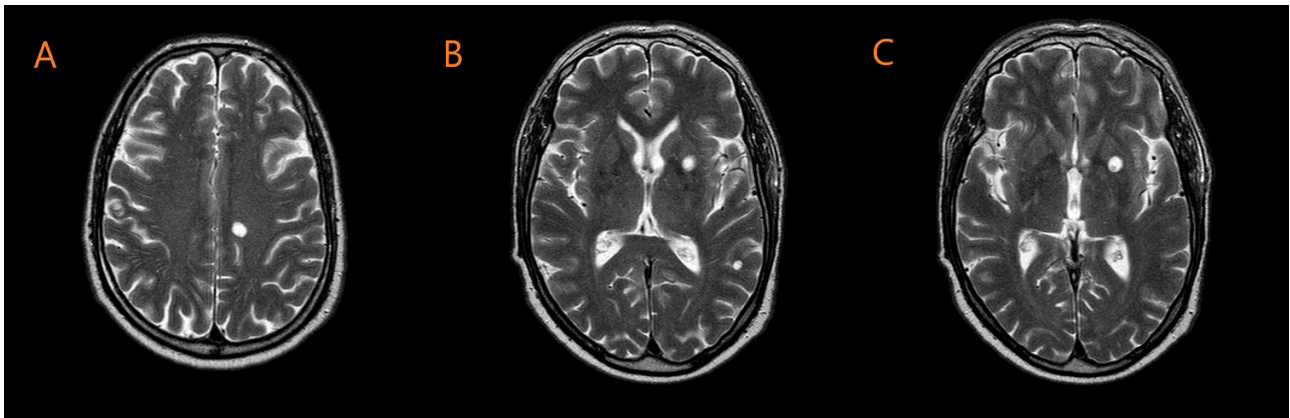
ABSTRACT

Neurocysticercosis (NCC) is caused by the infection of the central nervous system (CNS) by the larval stage of *Taenia solium*, with higher prevalence in developing countries. Seizures (more frequently partial seizures) and headaches are the most common clinical manifestations of NCC. Its diagnosis requires compatible exposure history, clinical manifestations and imaging results. We report the case of a 59 year-old man with NCC presenting with myoclonus, which is a rarer form of presentation of this disease.

Palabras clave: Neurocisticercosis; Convulsiones; Mioclonías; *Taenia solium*.

Keywords: Neurocysticercosis; Seizures; Myoclonus; *Taenia solium*.

Figure 1. Brain MRI showing both nodular (A and B) and cystic lesions (C)



CASE REPORT

A 59 year-old male contractor with hypertension, dyslipidemia, diabetes mellitus and history of working trips to Africa presented in emergency room with right hand myoclonic movements one hour after onset. Neurological exam didn't show other abnormalities. Laboratory tests showed eosinophilia and mildly elevated CRP (1.1mg/dL). Head CT scan revealed 3 hypodense cystic lesions with an hyperdense center (2 on left semi-oval center and 1 on right frontal lobe). The patient started phenytoin and was admitted to general ward.

Brain MRI revealed bilateral cystic lesions and 1 nodular lesion on right hippocampus with edema (Fig. 1), which were highly suggestive of Neurocysticercosis (NCC). EEG showed rare slow base activity without epileptic activity. HIV, tuberculosis skin test and stool studies for parasites were negative. The patient was treated with albendazole and dexamethasone and showed complete resolution of myoclonus with phenytoin. At 3 month follow-up, he had no more episodes of myoclonus and brain MRI documented resolution of nodular lesions.

NCC is one of the most frequent parasitic diseases of CNS and is caused by the infection of the larval stage of *Taenia solium*¹. The most common manifestations are focal seizures (up to 60-90% of the cases), headaches, focal deficits, confusion, hydrocephalus and meningi-

tis^{2,3}. Neuroimaging with CT or MRI plays an important role on diagnosis, along with clinical and exposure history^{1,3}.

This case represents a rare form of presentation of NCC with myoclonus², despite its suggestive clinical history and classic imaging findings. Considering this, NCC must be kept in mind when approaching to this patients, as it is becoming more present on clinical practice and an adequate treatment reduces disease burden.

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