

Neurocisticercose no esperada

Unexpected neurocysticercosis

CASE REPORT

Cysticercosis is caused by the larval stage of the tapeworm *Taenia solium*. Approximately 50 million people worldwide are estimated to have cysticercosis infection, which is endemic in many regions of Central and South America, sub-Saharan Africa, India, and Asia. In those areas it's an important cause of adult-onset seizures¹.

We present a case of a 30-year-old male patient, born in Cabo Verde, with background history of epilepsy, low therapeutic adherence and sporadic consumption of cannabinoids and alcohol; he was admitted in the emergency room with seizure. On physical examination, he had somnolence and tongue bite; neurological examination was normal, and he was hemodynamically stable. Laboratory tests showed rhabdomyolysis (CK 1111U/L) and a positive test for cannabinoids. To exclude other causes of seizures, a CT scan was made and showed multiple intraparenchymal micronodular calcifications (Figure I), which could be nonviable calcified lesions of cysticercosis. Besides that, it was also present a cystic image compatible with a viable cysticercus in vesicular phase (Figure II). There were excluded HIV, syphilis and ocular cysticercosis. An MRI confirmed the data from the CT scan. The patient was medicated with albendazole, with a favourable outcome. Intraparenchymal neurocysticercosis is the most common form of cysticercosis; it occurs in more than sixty percent of cases. Onset of symptoms usually occurs three to five years following infection, but it can occur more than thirty years following infection²⁻³. Our patient had viable and degenerating cysts on neuroimaging, so the antiparasitic regimen of choice was albendazole, such as recommended: This patient had a known background of epilepsy and multiple risk factors for seizures, however he didn't have prior description of neuroimaging. This discover could point to the origin of the disease and to a probable epidemiologic context in the childhood. However, the viable cyst points us to a more recent infection, which could had taken place in some travel to its origin country. This case shows us a less common but possible cause of seizures. By reminding it and its neuroimaging aspects we could do more accurate diagnostics.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest in this work.

SOURCE OF FUNDING

This research had no funding sources.

ETHICAL ASPECTS

All participants submitted a consent form to be included in this study.

Figure 1. CT scan: multiple intraparenchymal micronodular calcifications.

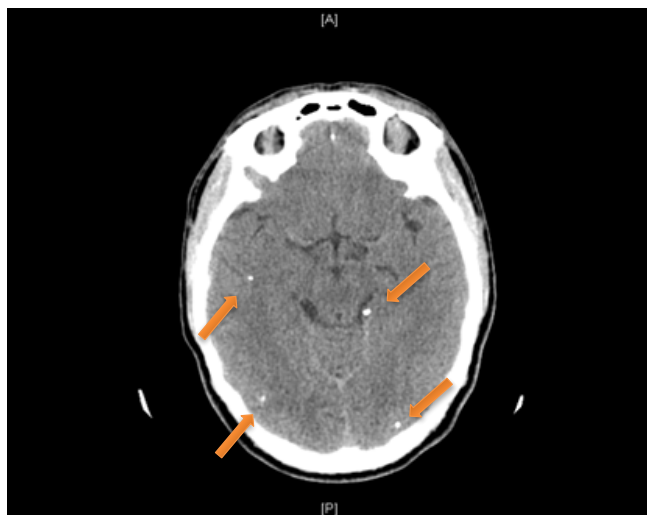
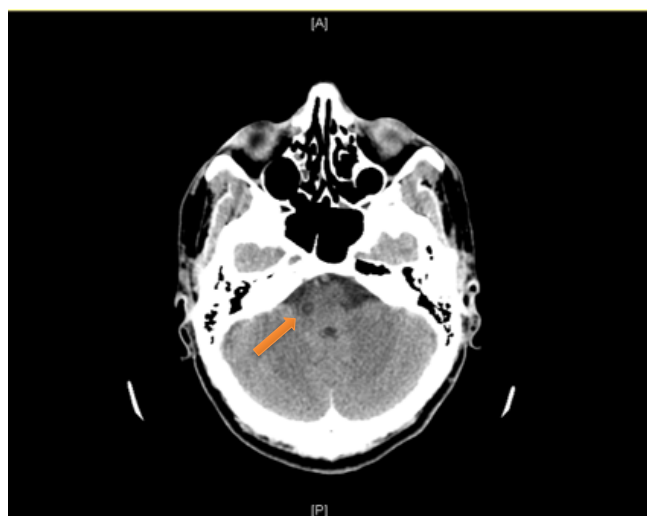


Figure 2. CT scan: viable cysticercus in vesicular phase.



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