



A RARE CASE PRESENTATION ON DISSEMINATED CYSTICERCOSIS

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**KEYWORDS :**

**BACKGROUND**

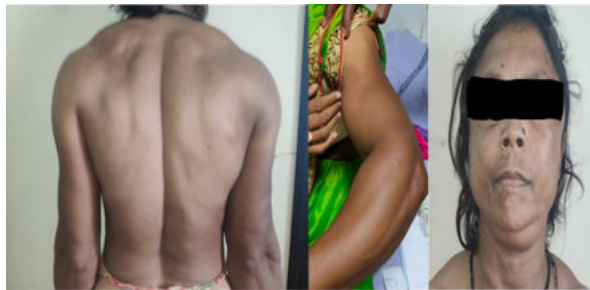
Disseminated cysticercosis is a rare complication of cysticercosis. It is a parasitic disease caused by *tenia solium* larva. Commonly occurs in Africa, Asia and America.

I present a case of disseminated cysticercosis and neurocysticercosis.

**Case Presentation**

A 55 years female from Madhya Pradesh presented to CHA with multiple swelling all over the body since 1.5 years.

No history of weight loss, night sweats, neck stiffness.



**Physical Examination**

Temp-normal pr-96/min bp-110/70 mmhg

General examination –well nourished, no acute distress.

Cns-normal

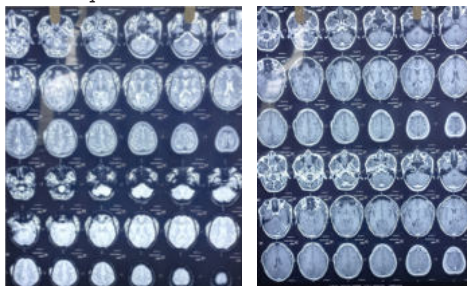
Cvs-s1s2 heard, no murmur

Musculo skeletal-several palpable, non tender, mobile nodule approx. 0.5 to 1.5 cm in size on face at orbital region, on sternal and chest area, on bilateral forearm, bilateral lower limb and on back present.

**Investigations**

**Mri Brain (p+c)**

Multiple small cystic lesions involving bilateral cerebral hemisphere, cerebellar hemisphere and brain stem and also in scalp tissue with upper neck region-possibility of disseminated cysticercosis.



**Mri Orbit With Contrast**

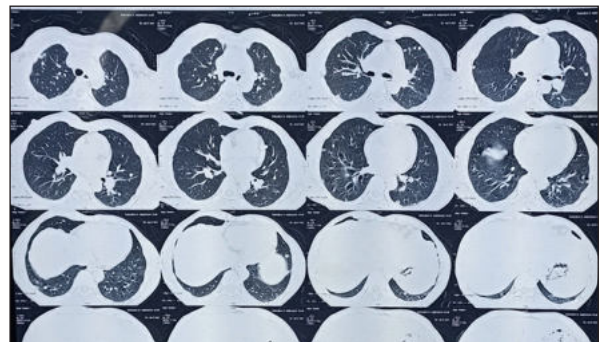
7 mm sized solitary cysticercal cyst seen within posterior chamber of right eye ball, no cyst in left eye ball. Bilateral optic nerve normal-possibility of disseminated cysticercosis.



**Hctc Thorax**

Numerous rounded 4-5 mm size soft tissue attenuation nodules seen scattered throughout the lung-may represent pulmonary cysticercosis.

All the muscles of chest and abdomen and cervical region shows numerous cystic lesions with tiny hyperdense scolex within –extensive disseminated cysticercosis



MUSCLE BIOPSY-the specimen showing

The larval form of parasite with inflammatory infiltrate and eosinophils and fibrosis.

**Disseminated Cysticercosis**

Cysticercosis can be transmitted by the feco-oral route by ingestion of the eggs or gravid proglottids from the *tenia solium*, human carrier and poor hygiene practices.

Albendazole is the typical treatment with superior CNS penetration as compared to praziquantel. although at times both medications which are cysticidal can be administered for cysticercosis treatment.

This anti parasitic drugs decreases parasitic load, release to antigen release which may cause severe inflammation. thus corticosteroids can be initiated prior to anti parasitic drugs to reduce inflammation.

#### **REFERENCE**

1. *Encyclopidia*
2. *Sabiston text book of surgery 20th edition*
3. *Bailey and love's short peactice of surgery 27th edition.*