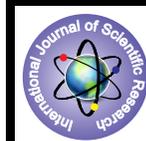


## Diagnosis and management of case of orbital cysticercosis- A Case Report



### Medical Science

**KEYWORDS :** orbital cyst ,cysticercosis , albendazole

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### ABSTRACT

*Orbital cysticercosis is one of the causes of cystic lesions in orbit , we report a case of orbital cysticercosis in vegetarian patient and its management.*

#### Introduction –

Cysticercosis is the most common parasitic disease of the nervous system. The disease occurs when humans become the intermediate host in the life cycle of *Taeniasolium* by ingesting its eggs from contaminated food. The most common sites of involvement of cysticerci are soft tissue, eye and central nervous system. Unusual location of the cysts may result in uncommon manifestations. Ocular cysticercosis can involve both the intraocular and extra ocular muscle. Extra ocular muscle cysticercosis is rare.

#### Case report –

A 40-year-old female, residing in kheda ,gujarat presented with complaints of pain , watering , from left eye since 2 months. The pain was aggravated by movement of the eyeball.Patient was on vegetarian diet, she had h/o having cattle breeding at house.There was no history of fever, headache, and vomiting. There was no history of any weakness of limbs, deviation of mouth or slurring of speech. On examination patient was conscious and oriented with vitals stable. Rest of general examination was normal.On central nervous system examination higher function were normal. Ocular movements were restricted in temporal , nasal and down gaze with more on temporal gaze.There was mild proptosis on presentation.There was lower lid edema with hard consistency mass on lower lid medially.There was significant scleral thinning with subconjunctivalhaemorrhage in lower half (figure 1 ,2 ).Bilateral pupils were normal in size reacting to light with gray reflex.Intraocular tention in LE was increased with AT – 27 mm hg.Both eyes fundus examination was normal.

Blood investigations in the form of complete blood count, plasma blood sugar (fasting and postprandial) were normal. X ray chest PA view was within normal limits.

Ultrasonography (USG) orbit revealed (figure 3 )heterogeneoushypoechoic mass in retro-orbital space with hyper-echoic mass in centre. Computed tomography (CT) orbit was advised.CT showed (figure 4) 28 \* 25 \* 17 mm size soft tissue density enhancing masslesion with cystic areas in it in left sided retro-orbital space. which infiltrates body of inferior , medial and lateral rectus.No intracranial extension found.

Accordingly, patient was started on systemic steroids and albendazole in the prescribed doses. On the fourth day patient started responding. Pain subsided and patient was better symptomatically.. On 15<sup>th</sup> day patient turned to the OPD

with minimal proptosis and no muscle movement restriction. The movements of both eyeballs were normal in all directions.



Figure 1



Figure 2



Figure 3

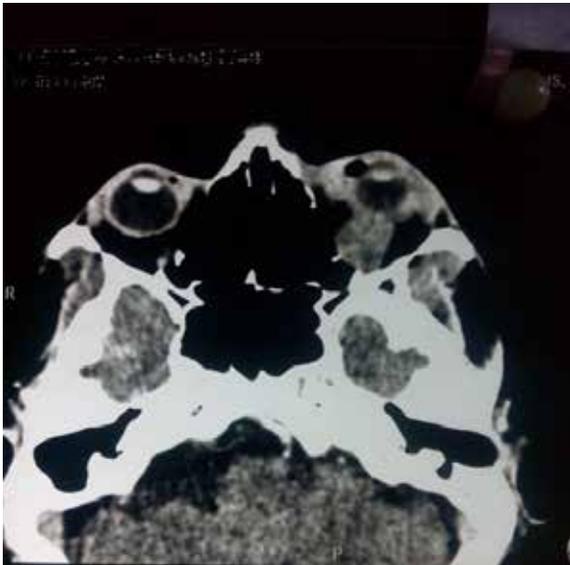


Figure 4

### Discussion

Cysticercosis is caused by haematogenous spread and encystment of the larval form of the swine tapeworm *Taeniasolium*, in various body tissues. It is the most common parasitic disease of the central nervous system and also affects the eye, skeletal muscle, and subcutaneous tissue. Ocular manifestations may be devastating as the cysticercus enlarges. In the eye cysticerci may be situated intraocular or extra ocular. In India most common site of localization is orbit, whereas posterior segment involvement is more common in western people. Intraocularly, cysticerci occur in vitreous body and sub retinal but some may be found in the anterior chamber and subconjunctival. The most damaging location is intravitreal and subretinal location which leads to blindness in 3 to 5 years unless the parasite is removed.

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