



A CASE OF DISSEMINATED NEURO CYSTICEROSIS

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Introduction

NEURO CYSTICEROSIS is the most common helminthic infection affecting CNS.

It is endemic in most of the developing world, where conditions favoring the transmission of this disease, including swine breeding under poor sanitary condition, poverty and illiteracy are met.

In these areas NEURO CYSTICEROSIS is one of the most common causes of acquired epilepsy and a major public health problem.

The disease occurs when humans become intermediate/ accidental hosts of the tapeworm *T solium*, after ingesting its eggs by contagion from an asymptomatic taenia carrier.

Within the nervous system, parasites may locate in brain parenchyma, sub arachnoid space, ventricular sys.

or spinal cord, causing several pathological changes that are responsible for clinical pleomorphism of disease.

Seizures are the most common clinical manifestation but many pts develop focal deficits ICH or cognitive decline.

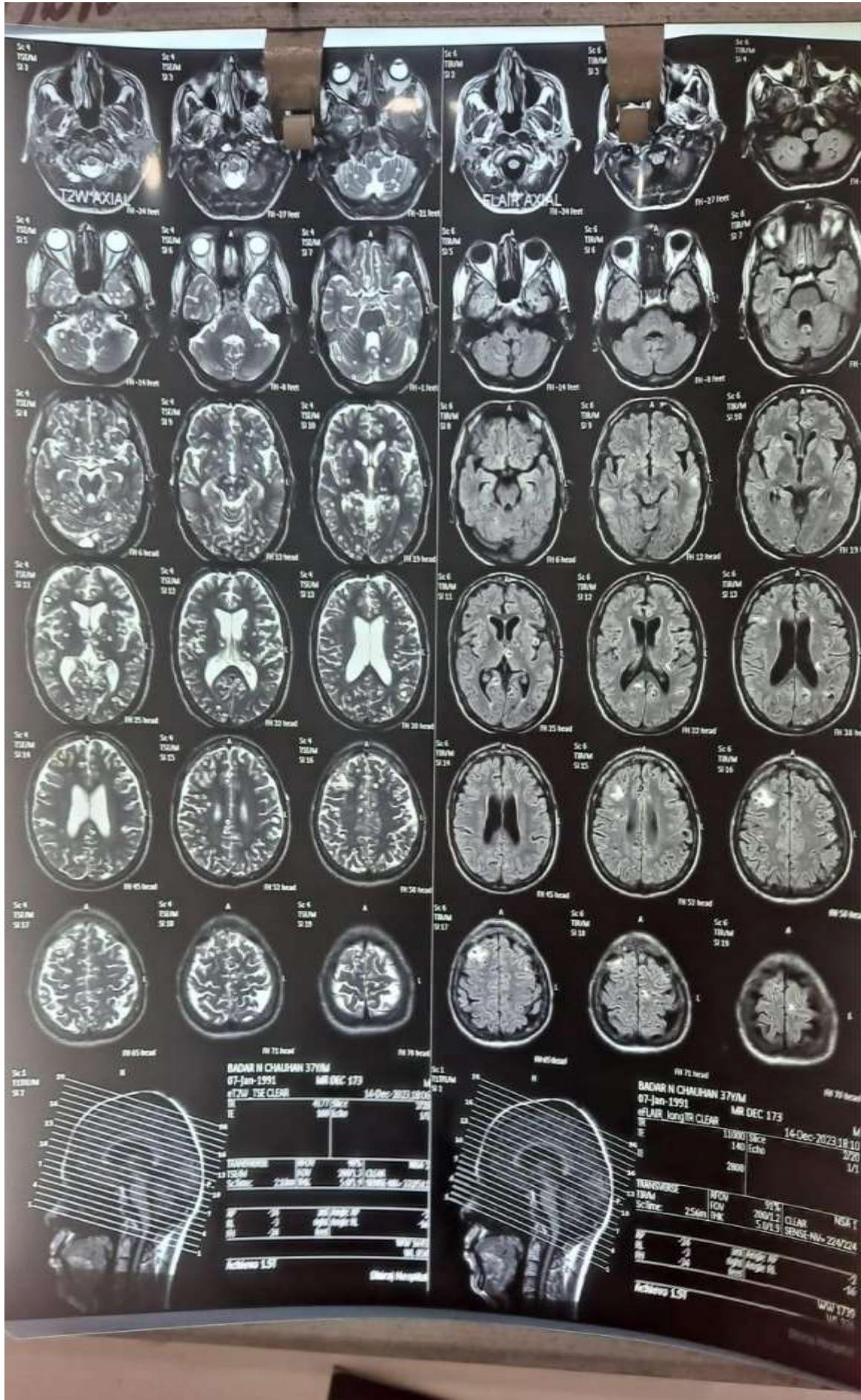
Case History

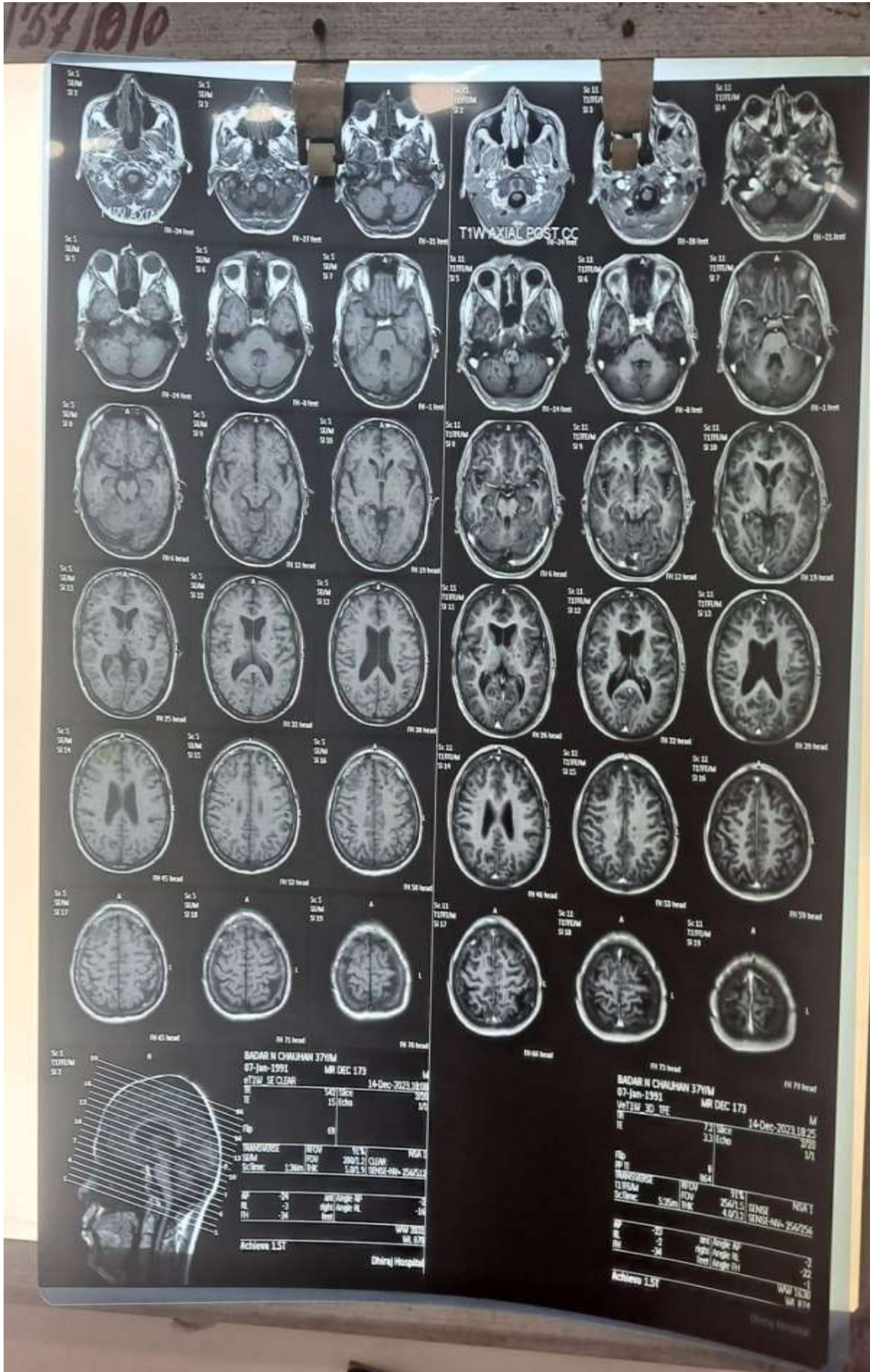
Patient is a 37 year's old/male, farmer by occupation, h/o multiple seizures (GTCS semiology) since 1.5- 2 years. Each episode of seizures lasting for 5 mins. , frequency 2-3 episodes/ month.

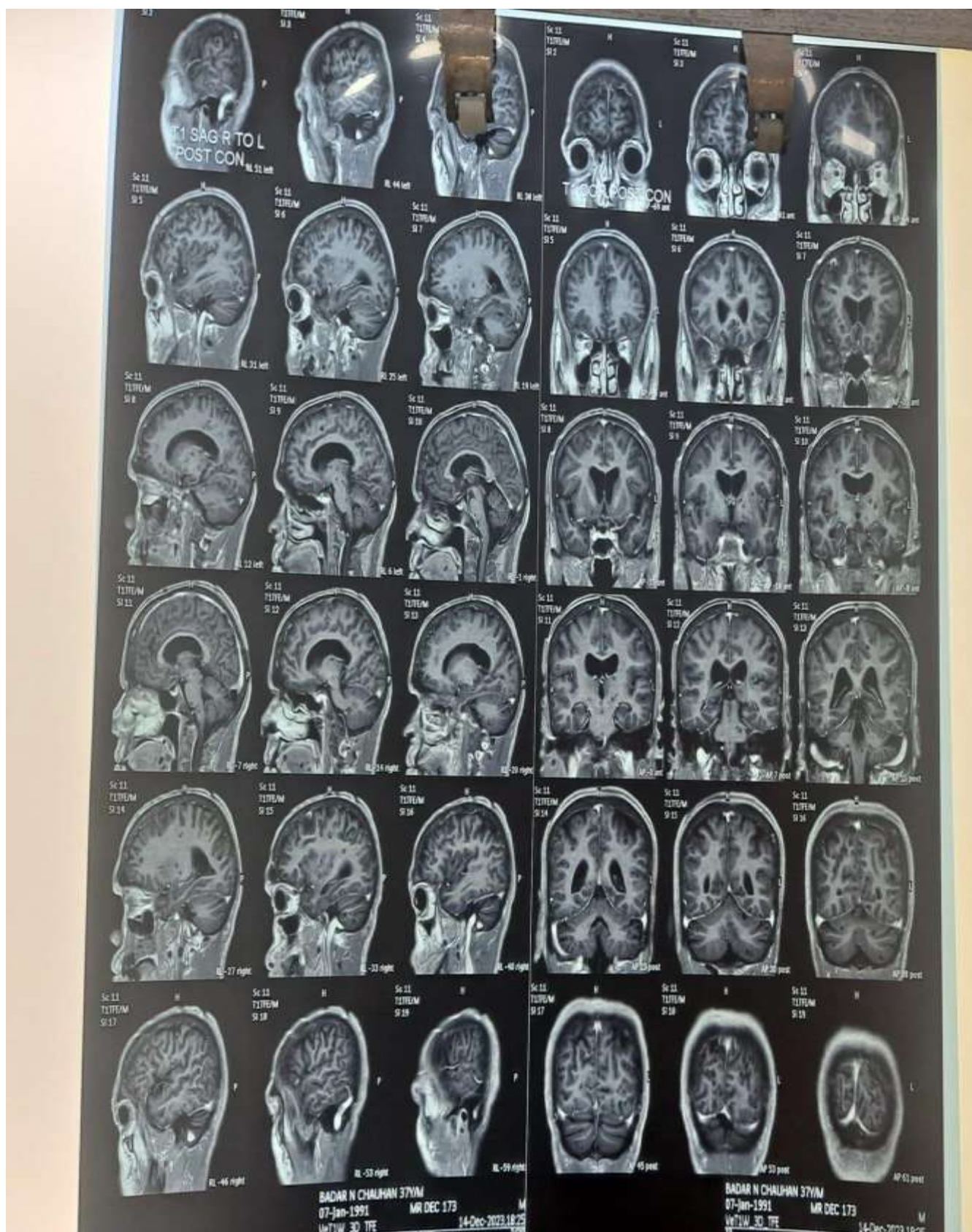
Postictal confusion, frothing of mouth and up rolling of eye balls are also seen. Pt. is vitally & hemodynamically stable.

His MRI brain (PTC) is S/o numerous ring enhancing lesions involving bilateral cerebral hemispheric, cerebellum , mid brain, pons medulla in it cerebella peduncle, p/o neurocysticercosis

.MRI spine showed spinal & lumbar cysticerci & extensive infiltration in lateral & ventral backs & abdominal muscles Chest xray(A+P)& USG showed neurocysticerci







Patient was started on T (ENCORATE CHRONO ½ - 0-1)
 T. CLOBAZAM (5)
 Injection MPs 500mg IV in 100cc NS once 2 hours for) 5 days.
 T. Calcium + unit D3 O-x-O
 & T. NAXDOM 500 in case of head ache

Patient was symptomatically better with no seizure episode when he came for follow-up.

Conclusion

Neuro imaging remains the best modality for the diagnosis NEURO CYSTICEROSIS . Based on current knowledge.

- a) Vesicular parenchymal NEURO CYSTICEROSIS , anthelmintic & steroids, should be used to avoid deteriorating clinical Symptoms.
- b) Calcified cysts require only symptomatic treatment.
- c) For extra parenchymal NEURO CYSTICEROSIS, treatment of hydrocephalus by VP shunt & vasculitis by cortico steroids should be done.
- d) Surgical removal in cases of ventricular cysts. Its advantage is no further treatment required if all the cysts are removed.

References:

- 1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4212415/>
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9607454/>
3. <https://www.dovepress.com/neurocysticercosis-a-review-into-treatment- options-indications-and-the-peer-reviewed-fulltext-article-RRTM>