Cysticercosis of Larynx

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A rare case of cysticercosis of larynx in a 50 years male presenting with hoarseness of voice is reported.

INTRODUCTION

Cysticercosis is an uncommon disease caused by *Cysticercus cellulosae*, the larval form of the tape worm *Taenia solium*. The tissues commonly affected by cyst formation are the subcutaneous tissue, brain and meninges, muscles, heart, liver, lungs, eye and peritoneum 23. The larynx is an extremely rare site for development of this disease. Here we report such a rare case of cysticercosis occurring in the larynx.

CASE REPORT

B M, 50 years hindu male, presented with complaints of hoarseness of voice for the last one year. There was no cough, fever or haemoptysis. On examination by indirect laryngoscopy, a smooth cystic swelling on the vocal cord was observed. On investigation, his total leucocyte count was 7800 per cu.mm., with a normal differential count (neutrophils-68%, lymphocytes-24%, monocytes-2%, eosinophils-6%) Haemoglobin was 11.5 Gm/dl. Stool and urine examinations didnot reveal any abnormality. Chest X-ray (P-A view) was normal. Micro laryngoscopy was done under general anaesthesia. A smooth rounded swelling was found at the junction of anterior 1/3rd and posteior 2/3rd of the vocal cord. An incision was given on the free margin of the vocal cord by a sickle knife. A micro-laryngoscopic scissors was passed through the incision line on the margin of the vocal cord. The cystic swelling measuring 1.5 cm in diameter was resected out of the muscle

fibres of the vocal cord after a few separating movements. The vocal cord assumed normal appearance after removal of the cyst.

Gross examination revealed a small globular cyst with glistening white appearance measuring 1.5 cm in diameter. Histopathologic examination revealed the features of *cysticercus cellulosae* with hyalinised wall (Fig-1).

During post-operative period, a course of Niclogen was given. C.T. scan of the brain was advised, but the patient was unable to afford it.

Fig.1

Microphotograph showing cysticercus cellulosae with inflammatory exudate H&E x 110.

The patient has been followed up for six months without any complications. The voice has become normal. No further abnormality of vocal cord has been observed. No other development of cysticercosis has been noted.

DISCUSSION

Cysticercosis, caused by the larval form of *Taenia*

solium is an uncommon disease occurring in man. The pork tape worm of *Taenia solium* has a world wide distribution and the infestation is common among those eating raw or insufficiently cooked "measly" pork ¹. Cysticercosis develops only when man becomes the intermediate host by ingesting the ova-containing foecal soiled foods leading to somatic (Visceral) infestation. Cysticercosis may be found in any organ and it has been recorded from practically every part of human body ³². However it commonly involves the sub-cutaneous tissue, brain, heart, liver ⁶⁴⁵. Involvement of the larynx is extremely rare. We

have not come across any report of occurrence of cysticercosis in the larynx. Since brain is one of the commonest site of involvement in cysticercosis, a C.T scan of the brain should have been done in this case after the findings in larynx, which the patient could not afford. However since there is no other development of symptoms related to cysticercosis in other systems or tissues in next six months follow up after the removal of the cyst, it is presumed that there is no affection of other systems by the disease process in this case.

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