Cysticercosis of Submandibular Duct

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Abstract

Cysticercosis is a common platyhelminthes intestinal infection but its presentation in submandibular duct is unknown. We report one such case.

INTRODUCTION

Cysticercosis manifests in human body in various ways and may involve any organ. Many such cases of cysticercosis cerebrum, vitreous, pleura and tongue have already been reported, but cysticercosis in submandibular duct could not be traced in the available literature

Case Report

A 26 years married female came with the only complaint of swelling below the tongue for last 15 days. The patient discovered this swelling accidentally by casual palpation of the oral cavity. There was no history of increase in the size of swelling during meals. On examination there was a small nodular swelling 1/2x3/4 c.m. in size, hard in consistency on the right side of floor of mouth near the opening of submandibular salivary duct. There was no abnormal discharge from the opening of submandibular duct. A clinical diagnosis of sialolithiasis of submandibular duct was made. X-ray mandible lateral oblique view did not show any opacity. Under infiltration anaesthesia the duct was incised and a white elongated nodule was removed, and sent for histopathological examination. The post operative period was uneventful. Histopathological report revealed cysticercosis cellulosae (Fig.1). Patient had

never taken pork in her life and stool examination was found to be negative for *Taenia Solium*. There was no evidence of coexisting cysticercosis anywhere in the body (Fundus examination of eye was normal and there was no nodular swelling anywhere else in the body).

Discussion

It is not uncommon for human being to get infected by pork tapeworm but in such cases patient invariably gives history of taking pork sometimes in the life. Pork tapeworm is cosmopolitan in distribution but more commonly in those places where people eat raw or insufficiently cooked pork. Man is definite host and pig an intermediate host. Occasionally man harbouring adult worm may autoinfect by taking contaminated water, food and unhygienic habits.

Cysticercosis commonly involves subcutaneous tissue and muscles but may also be found in brain causing epilepsy. The cases of cerebral cysticercosis are not uncommon. It may also be found anywhere in the eye but more commonly in the vitreous and can be diagnosed by ophthalmic examination. The cysticercosis are usually found in tens of thousands but sometimes single. They have tendency to become calcified and obsolete in course of 5-6 years.

References

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