CASE REPORT

A 'medical' diagnosis in the trauma clinic

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SUMMARY

A previously healthy 27-year-old Nepalese man presented with a history of direct low-impact direct trauma to the left leg. An x-ray was performed in a private hospital and he was referred to our emergency department for the management of a possible foreign body in the left leg. X-ray of the left leg showed a single, small, 'cigar-shaped' calcified lesion in the posterior aspect of the left leg. There was an inconsistency between the injury and x-ray finding. As the patient originated from a region endemic in *Taenia solium*, a clinical suspicion for cysticercosis was raised. The patient was then sent for a skeletal survey which subsequently confirmed our diagnosis.

DESCRIPTION

A previously healthy 27-year-old Nepalese man presented with a history of direct low-impact direct trauma to the left leg. An x-ray was performed in a private hospital and he was referred to our

Figure 1 X-ray of the left leg (lateral view).

Figure 2 X-ray of the left leg (anteroposterior view).

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Figure 3 X-ray of the left hip (anteroposterior view).

emergency department for the management of a possible foreign body in the left leg.

On examination he had a superficial linear laceration in the anterior aspect of his left leg. Other systemic examination was within normal.

x-Ray of the left leg showed a single, small, ‘cigar-shaped’ calcified lesion in the posterior aspect of the left leg. There was no sign of any coexisting fracture or soft tissue injury (figures 1 and 2). There was an inconsistency between the injury and x-ray finding. As the patient originated from Nepal, a region endemic in *Taenia solium*, a clinical suspicion for cysticercosis was raised. The patient was then sent for a skeletal survey which subsequently confirmed our diagnosis. Similar ‘rice grain’ calcified lesions were seen in the left and right thigh (figures 3 and 4). In retrospect, the patient denied a history of seizure, headache or visual disturbances. Since neurological examination and funduscopy revealed normal findings, a CT scan of the brain was not performed.

Cysticercosis is a parasitic infection caused by the larval stage of the pork tapeworm—*T solium*. Its diagnosis requires a high index of suspicion in the presence of appropriate clinical settings, especially when it occurs in non-endemic regions. Cysticercosis involving the skeletal muscle tend not to be symptomatic as these cysts eventually die and calcify to be detected incidentally on plain radiographs of the limbs. Such cases

Figure 4 X-ray of the right hip (anteroposterior view).

warrant a thorough history, physical examination and/or appropriate imaging studies to rule out neurological and ocular involvement. The treatment for isolated muscular and subcutaneous cysticercosis usually does not require specific treatment; however, painful cysts can be managed by simple excision.¹

Learning points

- Isolated musculoskeletal cysticercosis is clinically silent and is often incidentally diagnosed.
- Such cases warrant a thorough history, physical examination and/or appropriate imaging studies to rule out neurological and ocular involvement.

Competing interests None.

Patient consent Obtained.

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REFERENCE

- 1 Kraft R. Cysticercosis: an emerging parasitic disease. *Am Fam Physician* 2007;76:91–6.

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