A Pain in the...Ventricle

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KEY WORDS: neurocysticercosis; Taenia; helminths.

J Gen Intern Med 29(5):816–7

DOI: 10.1007/s11606-013-2606-y

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Figure 1. Non-contrast computerized tomography image demonstrating a single calcification.

A 29-year-old woman presented with headache, blurry vision and somnolence. The headache had persisted for four months and she failed treatment for atypical migraines. She was raised on a farm in Mexico, but denied travel outside of the US for 11 years. Non-contrast computed tomography of the head demonstrated diffuse ventriculomegaly and parenchymal punctate calcifications (Fig. 1). Subsequent magnetic resonance imaging revealed cysts in the fourth ventricle (Fig. 2). She received a temporary external ventricular drain, endoscopic ventriculostomy, dexamethasone and high dose albendazole.

Figure 2. Sagittal T2 fluid attenuated inversion recovery (FLAIR) magnetic resonance image. The arrow demonstrates viable cysts in the fourth ventricle.

Serum *Taenia solium* antibody returned positive. Her symptoms improved, and she was well three months later with repeat imaging showing normalization of ventricular size and decreased signal intensity consistent with treatment response.

Neurocysticercosis (NCC) is the most common parasitic disease of the central nervous system and often presents with seizure, although it can also lead to obstructive hydrocephalus.^{1,2} NCC symptoms depend on cyst location and whether they are viable (as in our patient), degenerating or inactive.³ Medical management is controversial and may lead to ependymal inflammation from cyst death. If treatment is pursued, dexamethasone may decrease the inflammatory response. High dose albendazole may lead to greater cyst reduction, and was successfully utilized in this case.⁴

Received March 14, 2013

Revised June 26, 2013

Accepted August 15, 2013

Published online October 11, 2013

Acknowledgements: We thank Jeffrey Kohlwe, MD for his thoughtful review of this case.

Conflict of Interest: The authors declare that they do not have a conflict of interest.

Funding Sources: None.

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