OMICS J Radiol 2017, 6:6, (Suppl)
DOI: 10.4172/2167-7964-C1-019

Neurocysticercosis: A case report of a neglected cause of seizure in a child

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Neurocysticercosis is a significant but neglected cause of preventable seizure worldwide. This study aimed to report the case of a 9 year-old, Filipino, female who developed new-onset, right-sided seizures and hemiparalysis. Cranial CT scan revealed a non-calcified cystic mass with rim enhancement and surrounding edema at the left frontal lobe. This was confirmed by brain MRI with an additional finding of a scolex, which is pathognomonic for neurocysticercosis. The patient received Albendazole for 7 days with Dexamethasone and was discharged with an anticonvulsant, Levetiracetam, maintained for 5 months. Repeat MRI was normal after 2 months. The patient has been seizure-free for almost two years now. Neurocysticercosis is caused by the encysted larva of Taenia solium in the central nervous system. Despite being recognized as the most common cause of acquired epilepsy in literatures, there have only been few well-documented cases of neurocysticercosis in children. Clinical manifestations vary and depend on the cyst's location, number, stage and the host immune response. Criteria for diagnosis include a combination of clinical, radiologic, serologic, histologic and epidemiologic parameters. Neuroimaging suggestive of a single, small, cystic lesion with ring enhancement should raise suspicion of neurocysticercosis. This case highlights the need to consider neurocysticercosis in endemic areas wherein a child presented with new-onset, non-febrile seizure with focal characteristic. Management includes symptomatic therapy with the use of anticonvulsants and definitive therapy with the use of cysticidal drugs, in combination with corticosteroids or surgery, if indicated. Prevention should place emphasis on the improvement of hygiene and sanitation.

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