

# Teaching NeuroImages: Isolated cervical spinal cord cysticercosis

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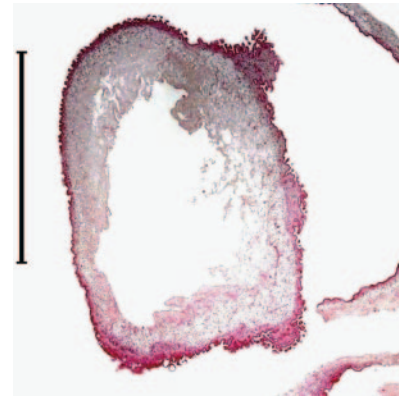
**Figure 1** Sagittal T2-weighted spinal cord MRI showing a cystic lesion with central solid components ranging from C3 to C5 vertebral bodies and medullary edema extending toward the cervical cord



A 23-year-old Brazilian man, a farmer in a rural area of Minas Gerais State, complained of an 8-month history of neck pain and upper-limb weakness. Flaccid tetraparesis, global hyperreflexia, and pyramidal signs were present. Cranial CT and brain MRI were normal. Spinal cord MRI showed an intramedullary tumoral lesion, extending from C3 to C5 vertebral bodies, with a cystic appearance (figure 1). With a presumptive diagnosis of spinal cord tumor, the lesion was completely removed. Microscopy revealed the diagnosis of neurocysticercosis (figure 2). The patient was started on corticosteroids and albendazole with good functional recovery after 4 months. MRI showed only residual alterations caused by the surgical procedure.

CSF eosinophilia or a positive ELISA test to cysticerci are useful tools in the diagnosis of neurocysticercosis and

**Figure 2** Photomicrograph of the histopathologic specimen showing a cysticercus larva with its oval-shaped vesicle enclosed in a cyst wall with outer cuticular, intermediate, and inner reticular layers (hematoxylin-eosin, original magnification  $\times 200$ )



unfortunately were not performed in our patient. Isolated cervical intramedullary spinal neurocysticercosis is extremely rare and not considered by most physicians.<sup>1-3</sup>

## AUTHOR CONTRIBUTIONS

Study concept and design: Dr. Lambertucci. Acquisition of data: Drs. Vale, Pereira, Sousa-Pereira, Dias, Pedrosa, Oliveira, and Lambertucci. Analysis and interpretation of data: Drs. Vale, Pereira, Sousa-Pereira, Dias, Pedrosa, and Oliveira. Drafting of the manuscript: Drs. Vale, Pereira, Sousa-Pereira, Dias, Pedrosa, Oliveira, and Lambertucci. Critical revision of the manuscript for important intellectual content: Drs. Oliveira and Lambertucci. Administrative, technical, and material support: Drs. Vale and Lambertucci.

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