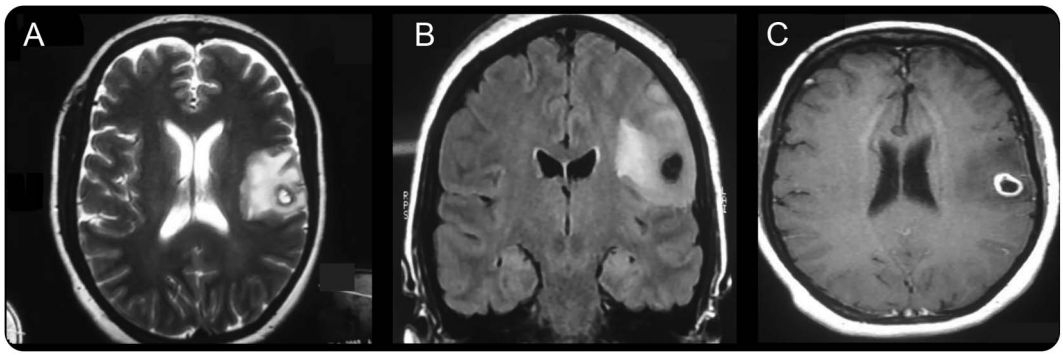
# Lingual epilepsia partialis continua in neurocysticercosis

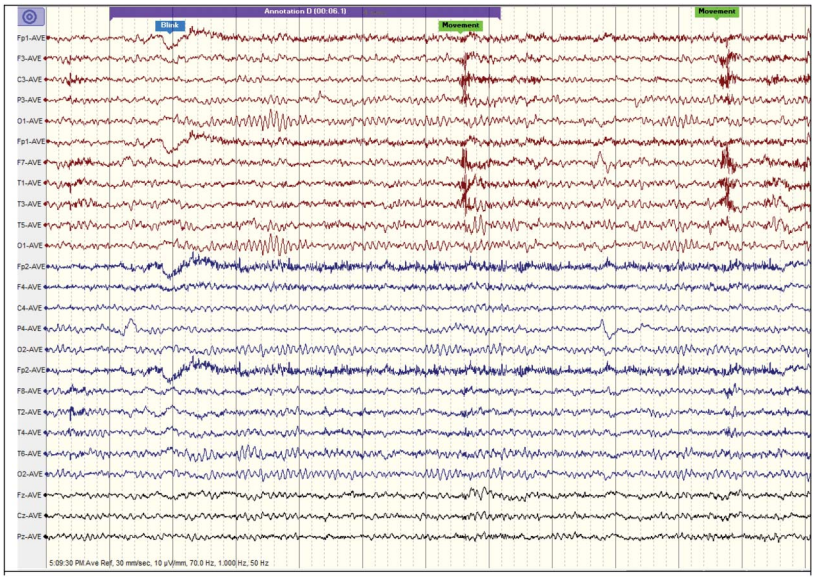
**Figure 1** MRI (left frontal cysticercal granuloma)




An oval lesion hyperintense on T2 (A) and hypointense on fluid-attenuated inversion recovery (B) with ring enhancement on postcontrast T1 (C) with an eccentric dot-like scolex located in the left inferior frontal gyrus is consistent with neurocysticercosis.

A 60-year-old woman presented with focal clonic movements of her face and abnormal movements of her tongue for 5 months. An MRI revealed a ring enhancing lesion, suggestive of a cysticercal granuloma (figure 1). The patient was started on oxcarbazepine, which produced temporary control, with recurrence of jerky movements of her tongue lasting several minutes with frequent recurrence (videos 1 and 2 at Neurology.org). EEG did not show focal abnormalities (figure 2). The episodes were aborted by levetiracetam, 1 g/d, and escalation of oxcarbazepine dose to 900 mg/d. Lingual epilepsia partialis continua occurs in Rasmussen encephalitis and herpes simplex encephalitis, but neurocysticercosis is an unusual cause.[1,2]

**Figure 2** Ictal EEG




A 32-channel ictal EEG record shows EMG artifacts only.

**Supplemental data at Neurology.org**

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