

Teaching NeuroImages: Spinal intramedullary cysticercosis

The pseudotumoral form

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Figure 1 MRI shows intramedullary cystic lesion located at T3-T4 level



(A) Gadolinium-enhanced sagittal T1. (B) Sagittal T2. MRI shows intramedullary cystic lesion located at T3–T4 level, with a thick wall and contrast enhancement, associated with adjacent vasogenic edema. The lesion features hyperintense signal on T2 (due to proteinaceous content of the fluid) with a streak of hyperintensity on T1 (which could indicate the degenerative scolex), compatible with the colloidal phase of cysticercosis (mimicking a neoplastic lesion).

A 10-year-old boy was admitted to the hospital with decreased muscle strength in lower limbs. Physical examination revealed isolated spastic crural paraparesis. MRI of the thoracic spine demonstrated a cystic intramedullary lesion (figure 1). The patient underwent complete microsurgical resection of the lesion. Anatomopathologic report (figure 2) confirmed cysticercosis. Intramedullary cysticercosis is a rare parasitic infection caused by *Taenia solium* (0.7%–5.8% of all patients with neurocysticercosis).¹ This presentation is usually underdiagnosed because, in degeneration phases, it is difficult to visualize the parasite in the MRI, mainly the scolex, and immunologic tests are negative due to intraparenchymal location.²

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Author contributions

Carlos Almeida Jr., Jorge Alberto Martins Pentiado Jr.: study concept and design, drafting and revising the manuscript for content. Gisele Caravina de Almeida: acquisition of data, revising the manuscript for content. Richard Konichi Dias: acquisition of data, drafting and revising the manuscript for content.

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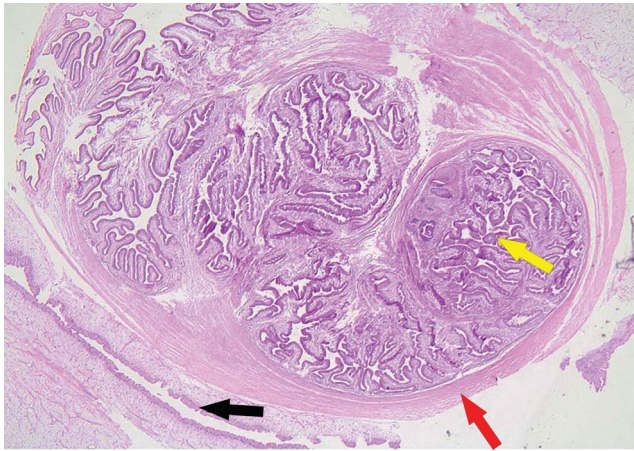
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Figure 2 Encapsulated cysticercus larvae stained in hematoxylin & eosin (H&E)



Histopathology shows encapsulated cysticercus larvae (H&E, 40×). Outer membrane (black arrow), larval scolex (red arrow), and larval intestine (yellow arrow).

Disclosure

The authors report no disclosures relevant to the manuscript. Go to [Neurology.org/N](https://www.neurology.org/N) for full disclosures.

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