NEUROIMAGES

Painful Recurrent Diplopia Caused by Medial Rectus Cysticercosis

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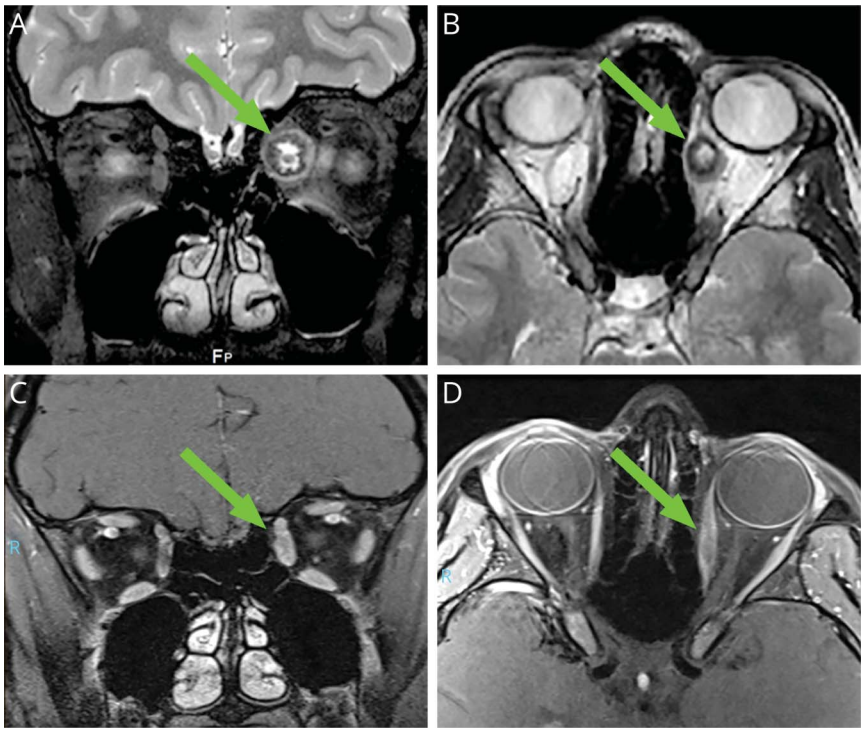
Figure Orbital MRI: Left Medial Rectus Cysticercosis



Orbital MRI, coronal (A) and axial (B) T2-weighted sequences. A single intrinsic cystic lesion compatible with a cysticercus (central hypodense scolex) is visible inside the enlarged left medial rectus muscle. A total of 18 months after therapy, coronal (C) and axial gadolinium-enhanced (D) T1-weighted sequences revealed residual fibrosis of left medial rectus muscle.

A 17-year-old girl, who previously lived in South America, complained of painful diplopia for 1 month. Two similar transient episodes occurred 6 and 36 months previously. Left abduction and elevation were limited, with 2 mm left proptosis. Orbital MRI revealed a left medial rectus muscle cysticercus (figure). Blood serology was positive for cysticercosis. Rapid improvement followed oral albendazole and prednisone therapy.

Cysticercosis develops when humans become the intermediate host of *Taenia solium*, occurring mostly under poor sanitary conditions. Because of travel, cysticercosis is encountered worldwide. MRI appearance and blood serologies are diagnostic and oral albendazole is usually curative.[1,2]

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Go to Neurology.org/N for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the article.

Disclosures

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Appendix Authors

Name	Location	Contribution
Emmanuelle Moret, MD	Hôpital Ophtalmique Jules-Gonin, Lausanne, Switzerland	Examined the clinical chart, wrote the manuscript, composed the figure
François-Xavier Borruat, MD	Hôpital Ophtalmique Jules-Gonin, Lausanne, Switzerland	Acquired the data (examined the patient, established the diagnosis), revised the manuscript

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