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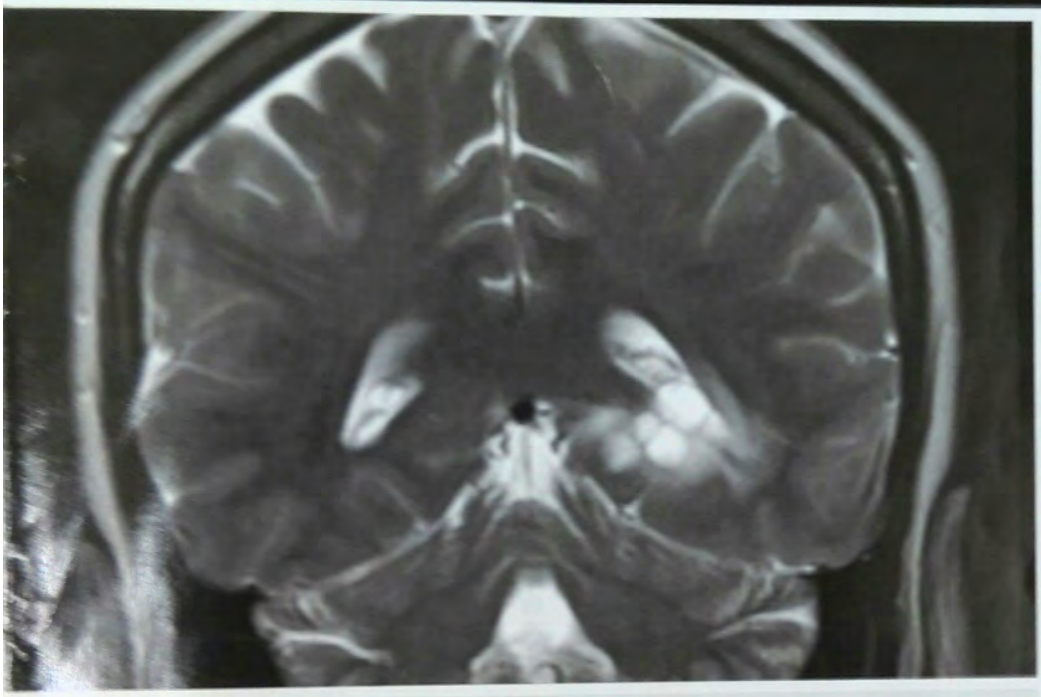

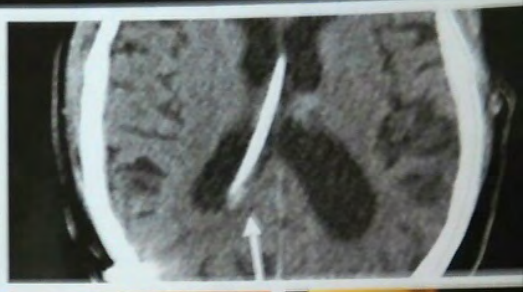

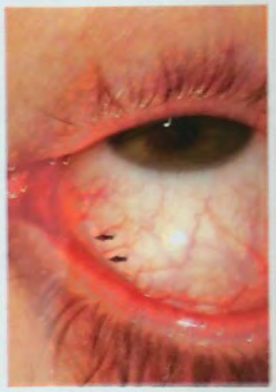

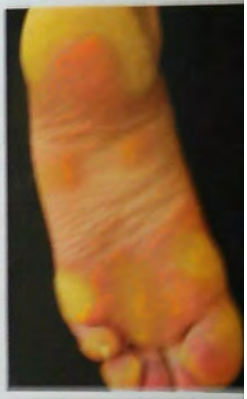

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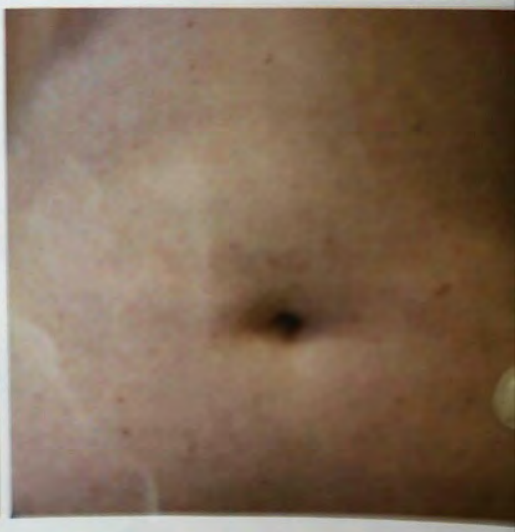

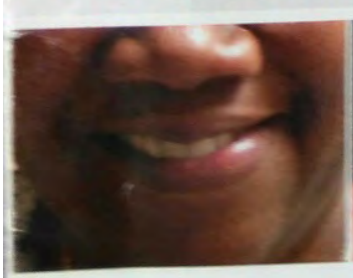

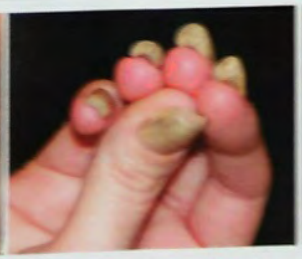

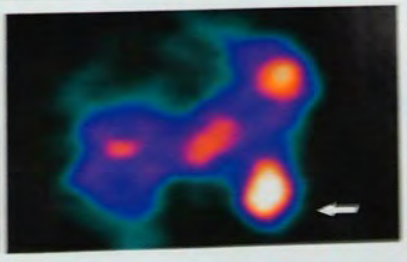

EXCLUSIVE CONTENT ON CONSULTANT360.COM

An Unusual Case of Neurocysticercosis in an Asian American Female in the United States

Hanns Frimpong, MS, Ronda D. Edwards, MPH, Sultan S. Ahmed, MD, and Syed A. A. Rizvi, PhD

A 33-year-old Asian American female who came to our practice with her husband complaining of intermittent dizziness and near-syncopal attacks that have been going on for 10 years now. She immigrated to the United States 2 years ago and had not been seen by a physician. Her family noticed an increase in the frequency of her attacks within the past 2 months and decided to seek medical attention. She has dyspepsia and nausea with scanty nonbilious vomiting. She has not been able to eat due to distaste for food. She denied abdominal and chest pain. While obtaining her medical history, the patient started complaining of dizziness, which eventually led to generalized convulsions. The episode lasted for 1 minute with no postictal weakness.

Physical examination. The patient looked pale and emaciated with decreased skin turgor. Her vital signs included a blood pressure of 112/84 mm Hg, a pulse of 82 beats per minutes, respiratory rate of 18 breaths per minute, height of 157.5 cm, weight of 50.4 kg, body mass index of 20.32 kg/m^2, a temperature of 36.7°C, and oxygen saturation of 100% on room air. The patient needs to be urgently evaluated for possible dehydration, symptoms of nausea/vomiting, and neurological manifestations.

Laboratory testing. Initial lab report showed a creatinine level of 0.73 mg/dL, blood urea nitrogen of 0.8 of mg/dL, white blood cell count of 7.32 thousand/μL, glucose of 99 mg/dL, potassium of 3.4 mmol/L, sodium of 139 mmol/L, and chloride of 108 mmol/L. Troponin was negative x1 set.

Orthostatic echocardiogram and electroencephalography were normal. The images from the initial CT of the head showed multilobulated cystic mass in the posteromedial left temporal/occipital region with surrounding edema. The image also showed mass effect upon the atrium of the lateral ventricles in the brain resulting in mild entrapment of the left temporal horn. MRI of the head showed a nodular focus of enhancement within the multilobulated cystic mass in the posteromedial left temporal/occipital region with the suspicion of neurocysticercosis (**Figure**).

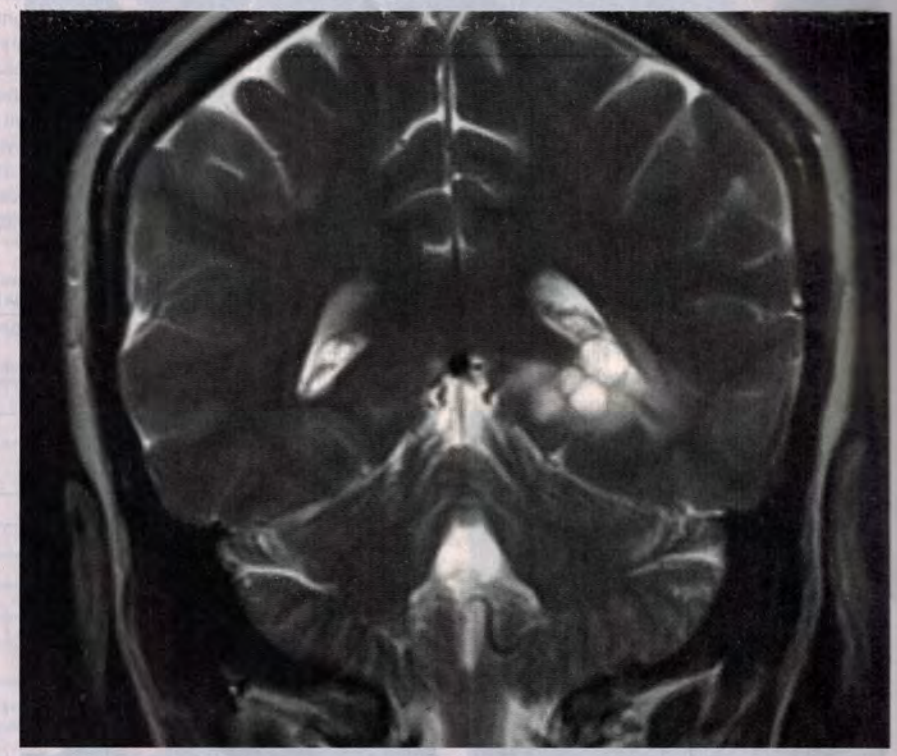

Figure. MRI scan of the brain shows multilobulated cystic mass involving the postero medial left temporal occipital region. The arrow points to the cystic lesion compression in the atrium of lateral ventricles (coronal section).

Result of a lumbar puncture showed the presence of red blood cells, scattered neutrophils, lymphocytes, and rare monocytes with no malignancy identified.

Discussion. Neurocysticercosis is a common disease in developing countries. Through immigration and international travel, there have been reports of cases in this country. Therefore, it is important for physicians to be aware of the various presentations of the disease and how to diagnose and treat the symptoms promptly. Early detection is very important for a better prognosis. The patient is currently under consideration for neurological and infectious disease treatment procedures for complete recovery. ■