CYSTICERCOSIS
A CASE REPORT

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Human infestation with cysticerus cellulosae, the larval stage of Taenia solium—the pork tapeworm—has been a rare recurrence in the United States. It has, however, been encountered frequently in British troops who have served in the Middle East and India where the parasite is common. Inasmuch as many men will be returning to the United States who have been stationed in such areas, the disease may be encountered more frequently. It seems timely, therefore, to report a case of cysticercosis in which the manifest symptoms resulted from involvement of the central nervous system and in which surgical treatment was of benefit.

CASE SUMMARY

A 31-year-old soldier with 2½ years' service was admitted to a general hospital on 6 January 1944 complaining of headaches and difficulty in seeing. He had arrived in Egypt in the summer of 1942. He was well until about 1 November 1942 when, after a severe sandstorm near Benghazi, Libya, he developed a severe headache and blurring of vision. He was admitted to a hospital where he remained for approximately 15 days. Hot applications were used on his eyes, and he was discharged feeling as though he had completely recovered. During the next 11 months he had intermittent headaches. These were not severe, and he performed full duty with an air force service group. In December, 1943 he had chills and fever, and he was told that he had malaria. At this same time his headaches became severe, his vision was blurred, and he developed diplopia on distant gaze. These symptoms persisted until his admission to the hospital on 6 January 1944.

His family history was negative. His past history was noncontributory. He was a native of Louisiana and had lived in New Orleans most of his life.

Examinations. On admission blood pressure was 135/70, temperature 98.6, and pulse 70. The heart and lungs were normal to percussion and auscultation. The abdomen was soft. The spleen and liver were not palpable. The rectal examination was negative. The musculoskeletal system was normal.

Neurological examination revealed bilateral choked discs of 2 diopters. There was a hemorrhage in the right fundus. Vision was: VOD 20/20; VOS 20/20. There was a slight paresis of the right VI cranial nerve. The visual fields were normal. All other cranial nerves were normal. The reflexes were all equally active. The Babinski and Hoffmann signs were negative. There was a slight increase in the release reaction of the right arm. There were no motor or sensory abnormalities. The sedimentation rate (Wintrobe) was 3 mm. in one hour.

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\begin{align*}
\text{RBC} &= 4,200,000 \\
\text{HGB} &= 14.5 \text{ grams} \\
\text{WBC} &= 5,000 \\
\text{Diff. (100 cells)} &\quad N = 51, L = 40, E = 7, M = 2
\end{align*}
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No parasites were noted in the blood smear. The urinalysis was negative.

X-ray examination of the skull revealed a marked erosion of the posterior clinoids (Fig. 1). The sella turcica was almost entirely decalcified. The pineal gland was calcified and in normal position. There were two small calcified masses, each measuring about 1 X 1 mm. One of these lay several cm. posterior to the pineal body and the other high in the parietal lobe (Fig. 1).

X-ray examination of the lungs revealed several small calcified mediastinal areas which were considered to be calcified nodes.
On 18 January 1944 a ventriculogram under local procaine anesthesia was carried out. Both lateral ventricles were moderately dilated. The anterior horn of the right ventricle was pushed upward and the third ventricle was compressed posteriorly. A cyst-like mass was noted on the lateral view (Fig. 2), above and slightly posterior to the anterior clinoid process on the right side.

Operation. On 19 January 1944, under gas-oxygen-ether anesthesia administered by the intratracheal route, a right frontal flap was turned down. The dura was incised and the undersurface of the right frontal lobe was retracted until the right optic nerve came into view.