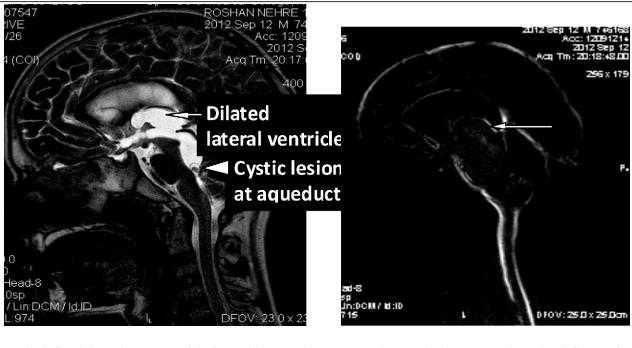
Intraventricular Neurocysticercosis

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Well defined hyperintense oval lesion with central hypointensity at the distal aspect of the aqueduct causing proximal obstructive hydrocephalus. S/O intraventricular NCC

CSF Flow study demonstrated restricted flow at the aqueduct.

- A 18yr Old male patient presented with headache and blurring of vision since 1 month. He had 2 episodes of generalized convulsions one day before admission. On examination bilateral papilledema was present, no other systemic abnormality was detected. MRI brain showed Intraventricular Neurocysticercosis (NCC) with obstructive hydrocephalus. He was managed with V-P shunt, antiepileptic drugs in addition to the usual cysticidal drugs and steroids.
- Intraventricular NCC accounts for 10% to 20% of

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- patients with NCC¹ that may obstruct cerebrospinal fluid (CSF) flow causing hydrocephalus. In most cases, the cysticerci cause symptoms while still viable². Viable cysticerci have thin walls with cyst fluid isodense with CSF, they may be difficult to detect and usually missed on CT Scan. Intraventricular cysticerci are frequently visible on MRI.
- Patients with ventricular neurocysticercosis present with symptoms or signs of raised intracranial pressure. The onset varies and can be abrupt (due to acute obstruction), intermittent, or insidious. Cysticerci in the 4th ventricle have been associated with acute obstructive hydrocephalus that can lead to drop attacks.

■ In patients with active ventricular neurocysticercosis, initial management should focus on relieving intracranial hypertension. When feasible, endoscopic surgery is the preferred approach, but patients should be selected carefully³. Lateral and 3rd ventricular cysts can be removed with rigid endoscopes and the 4th ventricle can be approached with flexible endoscopes. Patients with significant ependymal enhancement have not been effectively managed surgically due to adherence of the cysticerci to the ependyma, these patients are the candidates for V-P shunting.³

References

- 1) Salgado P, Rojas R, Sotelo J. Cysticercosis. Clinical classification based on imaging studies. Arch Intern Med 1997;157:1991–7...
- Kelley R, Duong DH, Locke GE. Characteristics of ventricular shunt malfunctions among patients with neurocysticercosis. Neurosurgery 2002;50:757–61
- 3) Bergsneider M, Nieto JH. Endoscopic management of intraventricular cysticercosis. In Singh G, Prabhakar S (eds): *Taenia solium* Cysticercosis: From Basic to Clinical Science. Oxford, CABI Publishing, 2002, pp 399–410..