Multiple intraventricular neurocysticerci

Figure 1 Axial T1-weighted images show intraventricular cystic lesions

Axial T1-weighted images (A and B) show dilation of ventricular system with conspicuous rounded contour of fourth ventricle. Closer look reveals thin wall (arrows in the enlarged images C and D) of the cystic lesions within the ventricles.

An otherwise healthy 35-year-old woman presented with a 1-year history of headache, a holocranial dull ache with 1 to 2 episodes per month, each lasting 1 to 2 hours. There was no photophobia, phonophobia, nausea, vomiting, fever, seizure, or loss of consciousness. In the month before presentation, headache became severe and continuous. Neurologic examination revealed bilateral papilledema. MRI showed multiple intraventricular neurocysticercal cysts in the fourth and right lateral ventricles with scolices (figures 1 and 2). Such a finding has been reported rarely in the literature.¹ Treatment options include surgery (ventriculostomy or shunt; cystectomy) or medical management (cysticidal agents, corticosteroids, antiepileptic drugs).²

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CISS sequence with reformatted images in axial (A–C), coronal (D), and sagittal (E and F) planes clearly depicts the conglomerate cystic lesions within the fourth and right lateral ventricles. The hypointense eccentric nodules within the cysts represent scolices. The contents of the cyst are slightly hypointense to the CSF (C–F).

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