A 23-year-old Brazilian man, a farmer in a rural area of Minas Gerais State, complained of an 8-month history of neck pain and upper-limb weakness. Flaccid tetraparesis, global hyperreflexia, and pyramidal signs were present. Cranial CT and brain MRI were normal. Spinal cord MRI showed an intramedullary tumoral lesion, extending from C3 to C5 vertebral bodies, with a cystic appearance (figure 1). With a presumptive diagnosis of spinal cord tumor, the lesion was completely removed. Microscopy revealed the diagnosis of neurocysticercosis (figure 2). The patient was started on corticosteroids and albendazole with good functional recovery after 4 months. MRI showed only residual alterations caused by the surgical procedure.

CSF eosinophilia or a positive ELISA test to cysticerci are useful tools in the diagnosis of neurocysticercosis and unfortunately were not performed in our patient. Isolated cervical intramedullary spinal neurocysticercosis is extremely rare and not considered by most physicians.1–3

REFERENCES
Teaching NeuroImages: Isolated cervical spinal cord cysticercosis
J.R. Lambertucci, T.C. Vale, A.C.G. Pereira, et al.
Neurology 2011;77:e138
DOI 10.1212/WNL.0b013e31823b4753

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