Teaching NeuroImages:

Giant neurocysticercosis with unusual imaging manifestations

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Figure 1 Neurocysticercosis images

T1-weighted MRI of the spine (A–C) and enhanced MRI (B) demonstrate a single hypointense lesion in the left cerebral hemisphere with no perilesional edema and contrast enhancement.

A 6-year-old girl presented with a 3-month history of progressive left-eye strabismus and vision loss. MRI scan of the brain showed a single hypointense lesion in the left cerebral hemisphere with no perilesional edema or contrast enhancement (figure 1, A–C). At surgery, the lesion was shown to be a single large parasitic cyst measuring approximately $7.0 \times 6.5 \times 6.0$ cm (figure 2, A–C). The patient underwent a complete

resection and then was given antihelminthic therapy. This resulted in an uneventful recovery. Pathology confirmed a diagnosis of cysticercus cyst with scolex. This imaging feature of giant neurocysticercosis is very unusual.¹ In the event of neurologic dysfunction or elevated intracranial pressure, emergent operative intervention should precede the administration of antihelminthic medications as the latter may weaken

Figure 2 Imaging of surgical specimens and histopathology

Surgical area (A) and resection specimens (B) show a white floc floating in the cystic fluid (black arrows); thick cyst wall exhibits milkiness. Pathology confirmed a diagnosis of cysticercus cyst with scolex (C).

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the cyst membrane and complicate resection. Gross total resection has advantages compared with nonsurgical treatment with antihelminthics.²

AUTHOR CONTRIBUTIONS

Dekang Nie: drafting/revising the manuscript, study concept or design. Jun Guo: study concept or design and study supervision. Liang Xia: analysis or acquisition of data. Jian Chen: revising the manuscript. Wei Shi: analysis or interpretation of the data. Guan Sun: analysis and interpretation of data.

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AUTHOR RESPONSE: TEACHING NEUROIMAGES: IDIOPATHIC HYPERTROPHIC PACHYMEINGITIS

Andrea Wasilewski, Lawrence Samkoff, Rochester, NY: As discussed by Dr. Budhram, immunoglobulin G4 (IgG4)-related disease (RD) must be considered in patients with hypertrophic pachymeningitis (HP) as it accounts for a high proportion of cases originally

thought to be idiopathic.¹ IgG4-related HP is pathologically characterized by a lymphoplasmacytic infiltration of IgG4-positive plasma cells.² The patient we presented had normal IgG4 levels in both serum and CSF.¹ Dural biopsy was consistent with a chronic lymphohistiocytic pachymeningitis without substantial plasma cell infiltrate to suggest IgG4-RD. In addition, immunohistochemistry performed on the dural biopsy specimen was IgG4-negative. Our case highlights the steroid responsiveness of idiopathic HP and the excellent response to immunotherapy with methotrexate.¹ We agree with Dr. Budhram that immunostaining of dural specimens should be done in patients with HP, as this may help guide treatment for steroid-refractory HP when IgG4 disease can be identified.

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RETRACTION

Teaching NeuroImages: Giant neurocysticercosis with unusual imaging manifestations

The *Neurology*[®] editors and the authors of the article “Teaching NeuroImages: Giant neurocysticercosis with unusual imaging manifestations,”¹ published online in conjunction with the November 22, 2016, issue of *Neurology*, agree to the retraction of the article. Retraction follows publication of a WriteClick[®] Editor’s Choice correspondence exchange in which a pervasive translation error was identified.^{2,3} The diagnosis should have been “cystic echinococcosis,” not “cysticercus.” The article has been corrected and republished.⁴

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