A 10-year-old boy was admitted to the hospital with decreased muscle strength in lower limbs. Physical examination revealed isolated spastic crural paraparesis. MRI of the thoracic spine demonstrated a cystic intramedullary lesion (figure 1). The patient underwent complete microsurgical resection of the lesion. Anatomopathologic report (figure 2) confirmed cysticercosis. Intramedullary cysticercosis is a rare parasitic infection caused by *Taenia solium* (0.7%–5.8% of all patients with neurocysticercosis). This presentation is usually underdiagnosed because, in degeneration phases, it is difficult to visualize the parasite in the MRI, mainly the scolex, and immunologic tests are negative due to intraparenchymal location.

**Author contributions**

Carlos Almeida Jr., Jorge Alberto Martins Pentiado Jr.: study concept and design, drafting and revising the manuscript for content. Gisele Caravina de Almeida: acquisition of data, revising the manuscript for content. Richard Konichi Dias: acquisition of data, drafting and revising the manuscript for content.

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References

Figure 2 Encapsulated cysticercus larvae stained in hematoxylin & eosin (H&E)

Histopathology shows encapsulated cysticercus larvae (H&E, 40×). Outer membrane (black arrow), larval scolex (red arrow), and larval intestine (yellow arrow).
Teaching NeuroImages: Spinal intramedullary cysticercosis: The pseudotumoral form
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