

Teaching NeuroImages: Neurocysticercosis With Unilateral Vision Loss

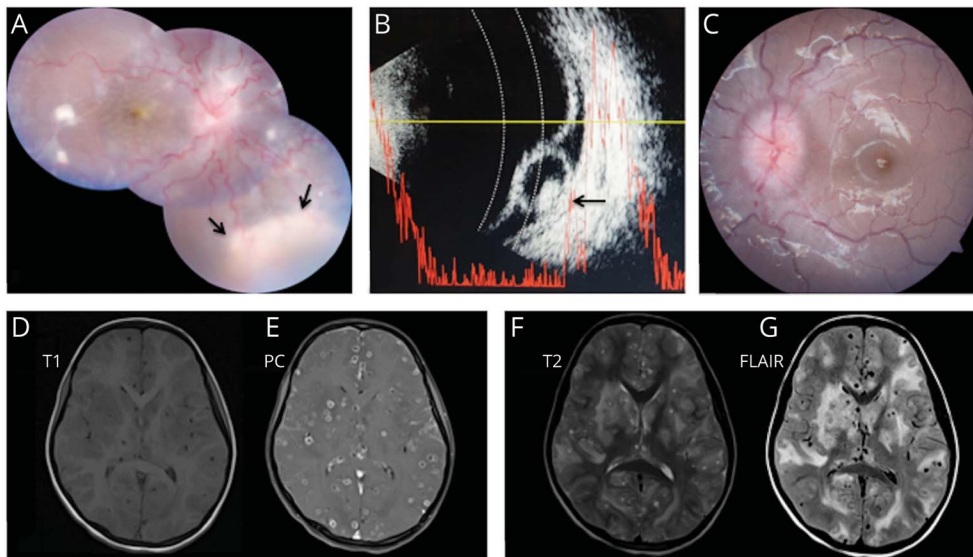
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Figure Ocular and Brain MRI Images



(A) Fundus photograph of right eye shows disc edema, vascular tortuosity, vitritis, neurosensory detachment, and whitish subretinal lesion inferonasally (arrows). (B) Ocular ultrasound of right eye shows hyporefractive lesion with internal hyperreflectivity (scolex; black arrow) suggestive of subretinal cysticercosis. (C) The left eye shows disc edema with normal posterior pole. Brain MRI shows multiple parenchymal neurocysticercosis in various stages on T1-weighted (D) and T2-weighted (F) images, gadolinium enhancement of multiple cyst walls (E), and significant pericystic edema on fluid-attenuated inversion recovery (FLAIR) sequence (G).

A 10-year-old girl presented with right eye diminished vision for 6 months along with headache and intermittent vomiting for 3 weeks. Right eye examination (figure, A) revealed light perception vision, panuveitis, and an inferonasal whitish subretinal lesion confirmed as subretinal cysticercosis (SC) on ocular ultrasound (figure, B). The left eye (figure, C) was unremarkable except for disc edema. Brain MRI findings (figure, D–G) along with clinical features of intracranial hypertension including headache and vomiting suggested multiple neurocysticercosis (MNCC).¹ Oral steroids improved headache and vomiting, but not vision. Although surgical removal of SC was advised, the child's caregivers declined consent. Unilateral vision loss with panuveitis in MNCC may result from concurrent SC.²

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Disclosure

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Shalaka Ramesh Waghmare, MBBS	All India Institute of Medical Sciences, Rishikesh	Drafting the manuscript, review
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Appendix *(continued)*

Name	Location	Contribution
Niraj Kumar, MD, DM	All India Institute of Medical Sciences, Rishikesh	Conception, design, review and critique

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