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). 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.

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References

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