Painful Recurrent Diplopia Caused by Medial Rectus Cysticercosis

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Neurology® 2021;96:452-453. doi:10.1212/WNL.0000000000011466

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Figure Orbital MRI: Left Medial Rectus Cysticercosis

Orbital MRI, coronal (A) and axial (B) T2-weighted sequences. A single intrinsic cystic lesion compatible with a cysticercus (central hypodense scolex) is visible inside the enlarged left medial rectus muscle. A total of 18 months after therapy, coronal (C) and axial gadolinium-enhanced (D) T1-weighted sequences revealed residual fibrosis of left medial rectus muscle.

A 17-year-old girl, who previously lived in South America, complained of painful diplopia for 1 month. Two similar transient episodes occurred 6 and 36 months previously. Left abduction and elevation were limited, with 2 mm left proptosis. Orbital MRI revealed a left medial rectus muscle cysticercus (figure). Blood serology was positive for cysticercosis. Rapid improvement followed oral albendazole and prednisone therapy.

Cysticercosis develops when humans become the intermediate host of *Taenia solium*, occurring mostly under poor sanitary conditions. Because of travel, cysticercosis is encountered worldwide. MRI appearance and blood serologies are diagnostic and oral albendazole is usually curative.1,2

Study Funding
No targeted funding reported.

From the Department of Ophthalmology, Jules-Gonin Eye Hospital, University of Lausanne, Switzerland.

Go to Neurology.org/N for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the article.
Disclosures
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Appendix Authors

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<tr>
<th>Name</th>
<th>Location</th>
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<tr>
<td>Emmanuelle Moret, MD</td>
<td>Hôpital Ophtalmique Jules-Gonin, Lausanne, Switzerland</td>
<td>Examined the clinical chart, wrote the manuscript, composed the figure</td>
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<td>Acquired the data (examined the patient, established the diagnosis), revised the manuscript</td>
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References

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*Neurology* 2021;96;452-453 Published Online before print January 6, 2021
DOI 10.1212/WNL.0000000000011466

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