Published Ahead of Print on January 6, 2021 as 10.1212/WNL.0000000000011466

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The Official Journal of the American Academy of Neurology

AMERICAN ACADEMY OF NEUROLOGY®

Neurology Publish Ahead of Print
DOI: 10.1212/WNL.0000000000011466

Painful Recurrent Diplopia Caused by Medial Rectus Cysticercosis

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Number of characters in title: 64
Abstract Word count: N/A
Word count of main text: 99
References: 2
Figures: 1
Tables: 0
Neuroimage Legend Count: 50

Search Terms: [141] Parasitic infections, [187] Ocular motility, [189] Orbit, [194] Diplopia (double vision)

Study funding: No targeted funding reported.
Disclosures: The authors report no disclosures relevant to the manuscript.

A 17-year-old woman, who previously lived in South America, complained of painful diplopia, for one month. Two similar transient episodes occurred six and 36 months previously. Left abduction and elevation were limited, with 2mm 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. Nowadays, due to frequent travelling, cysticercosis is encountered worldwide. MRI appearance and blood serologies are diagnostic and oral albendazole is usually curative (1,2).

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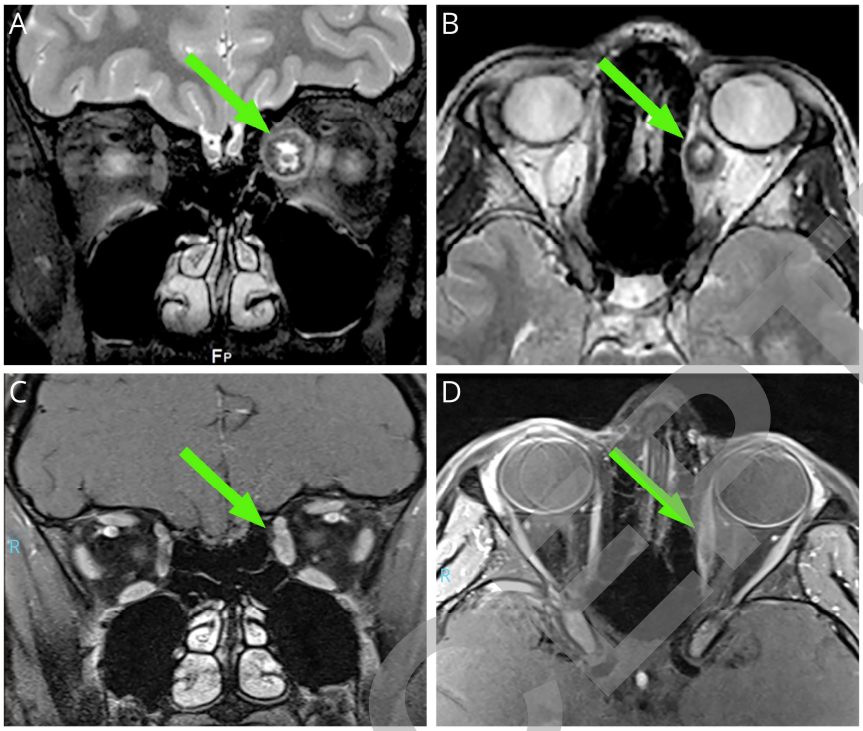
1) Garcia HH, Nash TE, Del Brutto OH. Clinical symptoms, diagnosis, and treatment of neurocysticercosis. Lancet Neurol. 2014 Dec;13(12):1202-15. doi:10.1016/S1474-4422(14)70094-8.
2) Ziaei M, Elgohary M, Bremner FD. Orbital cysticercosis, case report and review. Orbit. 2011 Oct;30(5):230-5. doi: 10.3109/01676830.2011.587938.

Figure 1 : 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.

18 months after therapy, coronal (C) and axial gadolinium-enhanced (D) T1-weighted sequences revealed residual fibrosis of left medial rectus muscle.



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