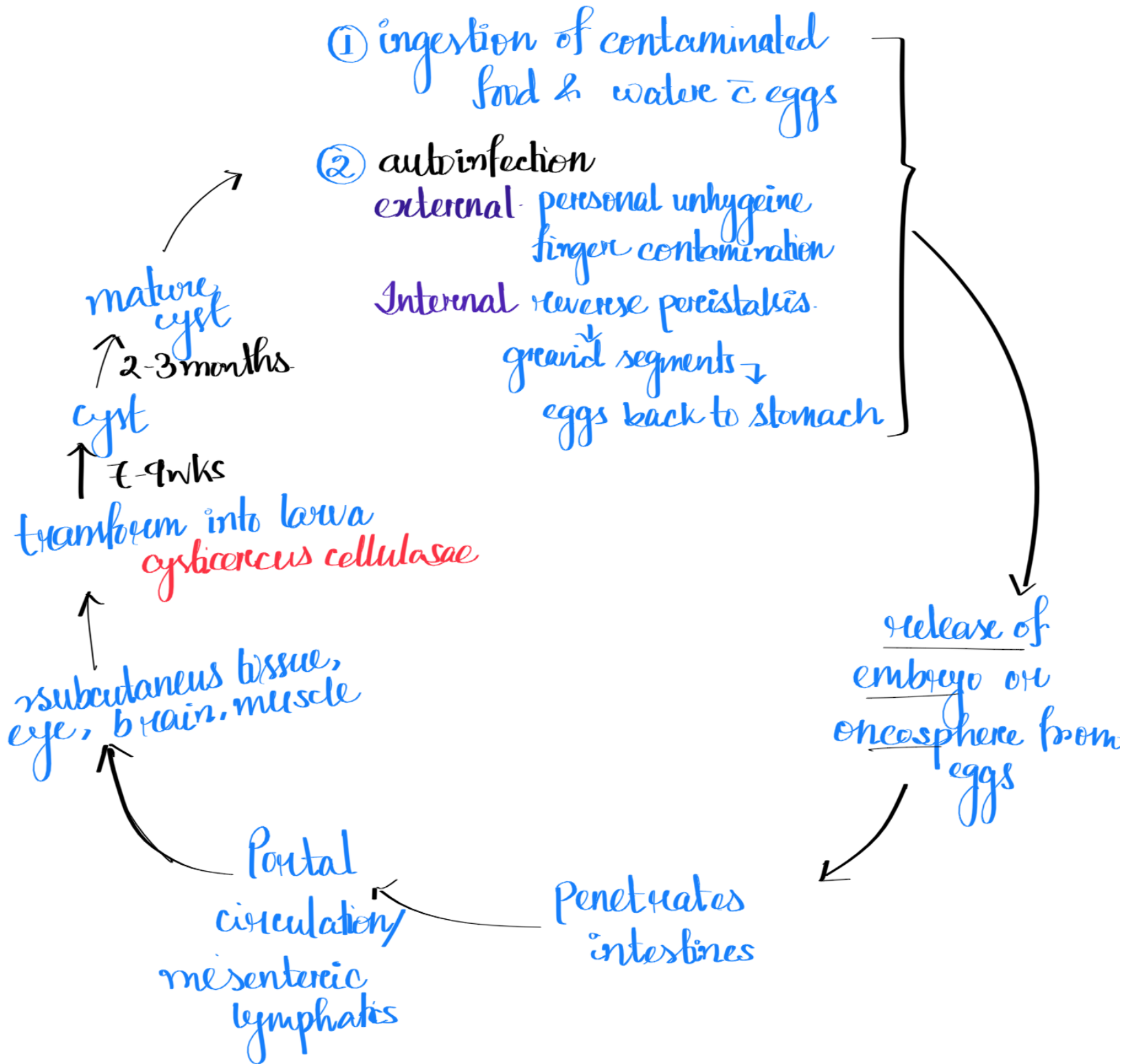


Neurocysticercosis

- man is both definitive & intermediate host
- infective form - *T. solium* eggs



cysticercus cellulosae

spacious area

grow transformⁿ

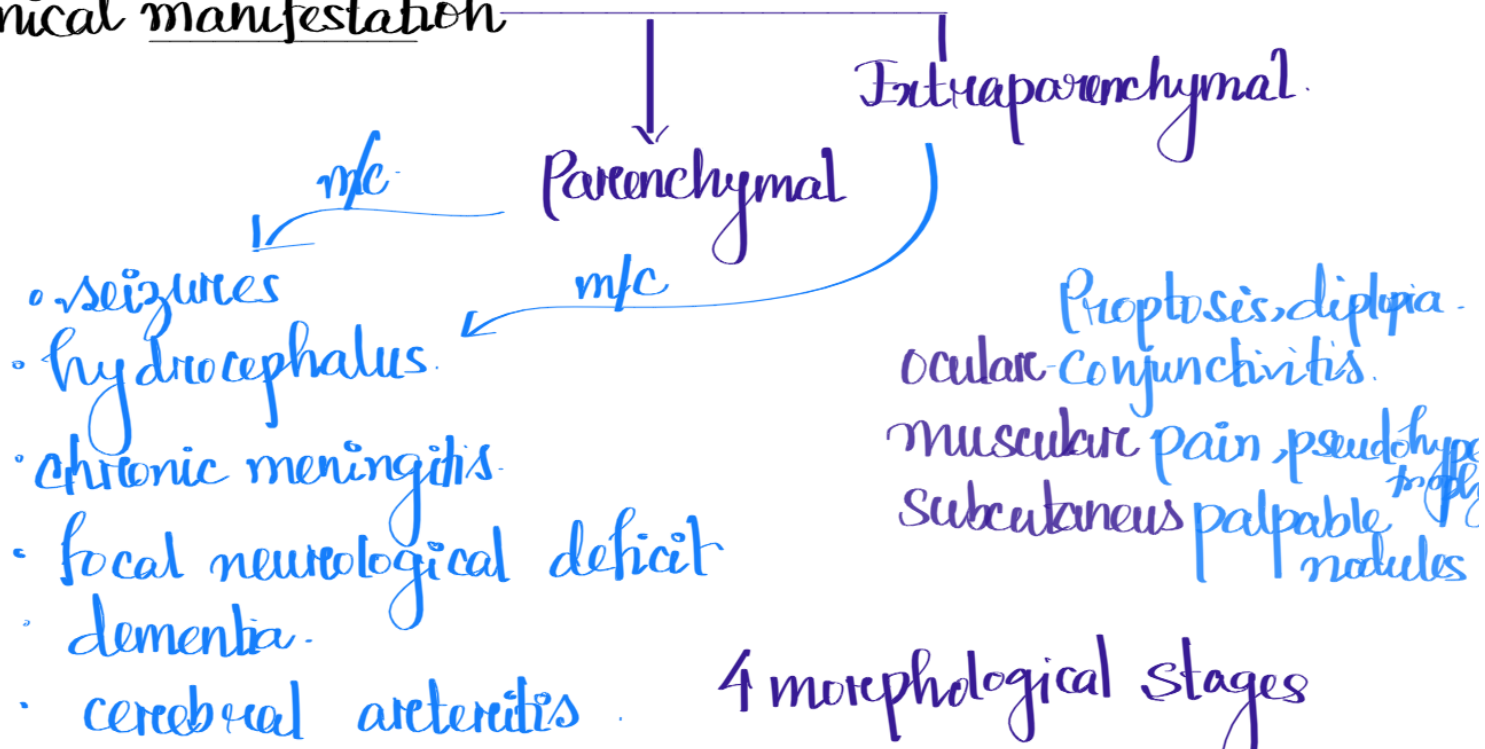


- 5mm long
- 8-10mm wide
- spherical → oval
- yellowish white
- thin collagenous capsule
- 2 chambers -
 outer - bladder like c 0.5mm vesicular fluid
 inner - scolex

Racemose cysticerci
 • larger

- lobulated
- 60ml vesicular fluid.
- don't contain scolex inside bladder
- resemble metastatic tumor.
- found in 4th ventricle, subarachnoid space, spinal CSF
- ↑ICP

Clinical manifestation



4 morphological stages

vesicular



necrotic



nodular



calcified.

Lab diagnosis

① Radiodiagnosis CT & MRI → clearer.

vesicular form → hypodense area
 scolex inside → hyperdense

number, size, location, stage, extent, active/dormant

② Immunodiagnosis

Antibody detection

✓ ELISA (serum CSF)

✓ Western blot

Antigen detection

against T-solium monoclonal

QUICK ELISA
using purified glycoprotein Ag

autoantibodies

Western Blot
I-7 gp bands

- can't differentiate b/w active/past disease

③ Histopathology. for eyes, muscle, subcutaneous.

④ FNAC - staining. Giemsa, Ryan's, Trichomes
- differentiate b/w viable/necrotic/calcified form
- cholesterol crystals ✓
- charcoal layden crystals ⊗

⑤ fundoscopy. eye - larva detectⁿ
Del Brutto's diagnostic criteria.

Treatment - Albendazole . praziquantal.