

Unusual presentations of cysticercosis

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Abstract

The objective of this study is the different and unusual presentations of cysticercosis. 2 cases of cysticercosis were diagnosed over a period of 1 year between 2014 and 2015. One case is presented as tongue nodule and another case presented as cervical lymphadenitis. Fnc shows Epithelioid cells, giant cells, inflammatory cells. HPE section studied diagnosed as cysticercosis. Cysticercosis should be considered as one of the differential diagnosis in nodular swellings in any region of body.

Keywords: cysticercosis, HPE, tongue nodule.

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Received Date: 20/06/2015 Revised Date: 28/06/2015 Accepted Date: 01/07/2015

Access this article online	
Quick Response Code:	Website: www.statperson.com
	DOI: 01 July 2015

INTRODUCTION

Human cysticercosis is a parasitic infestation caused by larval stage of *Taenia solium*. It is a serious health problem in developing countries like south America, Africa South Asia and India. The tissues affected by cysticercosis are subcutaneous layers, brain, muscle, heart, liver, lungs, peritoneum, lymph node and tongue. The pre operative diagnosis of cysticercosis can be made by radio imaging (CT SCAN and MRI) and serological tests like complement fixation test, Hemagglutination, Ratio Immunoassay and Enzyme Linked Immunosorbent assay (ELISA³)

MATERIALS AND METHODS

2 Cases of nodular swellings present at different sites at the department of pathology, Perundurai medical college

teaching hospital between January 2014 and January 2015 were studied. Aspiates from two cases of nodular swellings studies shows Epithelioid cells, inflammatory cells and giant cells. HPE studied shows cysticercosis cellulose. The specimens were processed in routine processing method and stained by routine Haematoxylin and Eosin method.

RESULTS

We received a total 1250 cases of between 2014 and January 2015 at the department of pathology, IRT-Perundurai medical college, a teaching hospital. Diagnosis of cysticercosis was made in 2 cases which presented as a tongue nodule and neck swelling. 0.21 cases are diagnosed of cysticercosis. Both swellings presented with painless, slow growing nodular lesions on examination. Swelling were ill defined, firm, non-tender and size of the swellings were measured about 1x1cm in diameter. The aspirated material consists of blood mixed.

PATHOLOGICAL FINDINGS

The microscopic examination of the aspirate smears in routine haematoxylin and eosin shows inflammatory reaction, epithelioid reaction and giant cell reaction. Histopathological section studied shows thick chitinous wall of cysticercosis larvae with scolex surrounded by dense inflammatory cells and fibrous tissue formation. Diagnosed as cysticercosis cellulose.

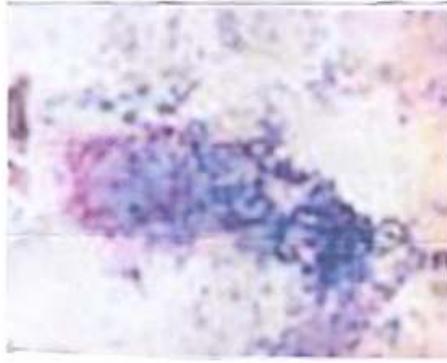


Figure 1: FNAC of the Nodular lesion

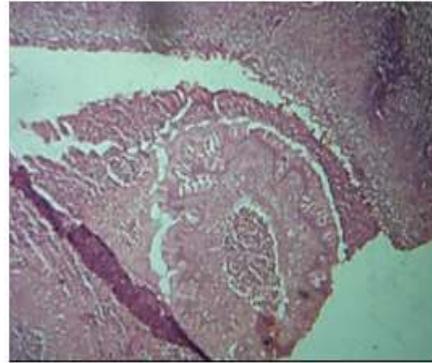


Figure 2: The HPE OF Cysticercosis

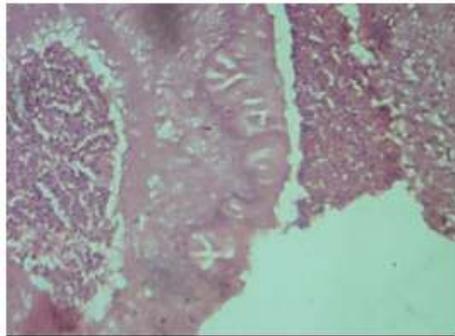


Figure 3: The HPE of the Chitindi membrane of cysticercosis

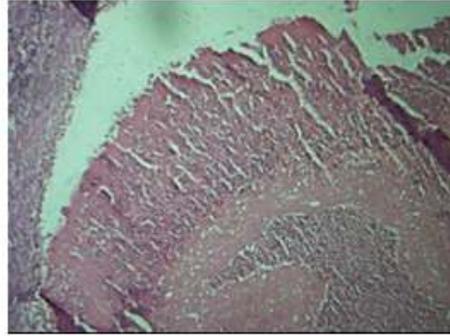


Figure 4: Photographic view of cysticercosis



Figure 5: The inflammatory reaction around the cysticercosis

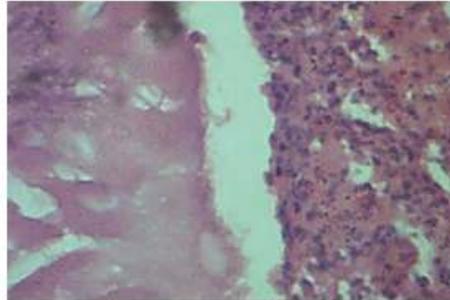


Figure 6: The sanulomatons reaction of cysticercosis

DISCUSSION

Human cysticercosis is caused by larval stage of taenia solium. Taenia solium produces three morphological forms. Adult, larvae and eggs and the larvae of taenia solium are infective to humans. Man is the definitive host and pig is the intermediate host by ingestion of food contaminated with taenia solium eggs. The ingested eggs hatch in the stomach and duodenum liberation the larvae which penetrate the stomach wall and reach the brain, skeletal muscle, subcutis and any other site via blood and lymphatics². Cysticercosis cellulose is the larval form. The larval become fluid filled cysts known as cysticerci. The parasite causes in inflammatory rection in the surrounding tissue. Epitheloid cell reaction and foreign

body, giant cell reaction may also be present. The tissue affected by cysticercosis are subcutaneous layer, brain, muscle, heart, liver, lng, pertoneum, lymphonode and tongue. It may present as subcutaneous nodules and mimic as TB lymphadenitis, reactive lymph adenitis benign tumour, lipoma and desmoid tumour.⁴

CONCLUSION

Cysticercosis is one of the differential diagnosis of the palpable soft tissue nodules. Adding to the tumour and inflammation, cysticercosis may be considered in the differential diagnosis for nodular lesions.

ACKNOWLEDGEMENT

The author thanks all the staff of histopathology unit for their co-operation and necessary technical supports.

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Source of Support: None Declared
Conflict of Interest: None Declared