Parotid Gland Cysticercosis

A 32 years male presented with holocranial headache for last one month without nausea, vomiting, diplopia or visual disturbances. For the last one week he also noticed mild swelling of his left parotid gland (Fig. 1) with occasional aching sensation. Systemic examination including fundoscopy was non-contributory. Axial CT scan brain showed hypodense areas in both temporal regions (Fig. 2a). MRI brain revealed patchy non-enhancing, multifocal hypointense foci in white matter in both temporal, frontal, occipital, parietal regions and basal ganglia suggestive of neurocysticercosis in various stages of its development from active to inactive form (Fig. 2b). Albenzazole (15mg/kg/d) was started under adequate corticosteroid coverage. On 3rd day of therapy the patient noticed increasing swelling of the left parotid gland and appearance of new soft tissue swellings over antero-medial aspect of left thigh and in front of right lateral malleolus (Fig. 3). MRI scan of the parotid gland was suggestive of left parotid cyst (Fig. 4). USG thigh documented cystic area within rectus muscle (Fig. 5a) which was also confirmed by an MRI (Fig. 5b). Excision biopsy and histopathological examination of the parotid gland cyst revealed cysticercus larvae. All the swelling and headache gradually disappeared and the patient became symptom free after about 2 weeks.

Cysticercosis is a tissue infection that involves larval cysts of the cestode Taenia solium (the human pork tapeworm). The majority of the cases present in cerebral, ocular and subcutaneous locations. The oral cavity is a rare site of involvement by cysticercosis, even in an endemic area, the incidence being 4.1% in some studies. To the best of our knowledge there are very few documentations of such rare presentation of this common infection in world literature.1,2 The present case is of interest because of the unusual site of the disease.

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