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Images in Clinical Tropical Medicine

Positional Headaches in a Young Brazilian Woman

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A 26-year-old Brazil-born woman was hospitalized because of severe headaches that increased in severity when she moved her head. T_2-fluid attenuated inversion recovery magnetic resonance imaging showed a cystic-like lesion in the right occipital horn of the lateral ventricle (Figure 1). Repeat magnetic resonance imaging of a ventral decubitus position showed that the free-floating cyst shifted anteriolaterally to the base of the lateral ventricle (Figure 2) and partially occluded the interventricular foramen (Figure 3). Enzyme-linked immunosorbent assay identified IgG against *Taenia solium* cysticercosis in cerebrospinal fluid and serum samples.

She underwent uneventful neuroendoscopic removal of a 1.3-cm cyst (Figure 4) that was histologically compatible with a *T. solium* larval stage infection. Positional headaches, a characteristic feature of spontaneous intracranial hypotension, cluster headaches, and various brain tumors such as colloid cysts, are commonly self-reported by patients with intraventricular neurocysticercosis. Infections with this parasite result in partial

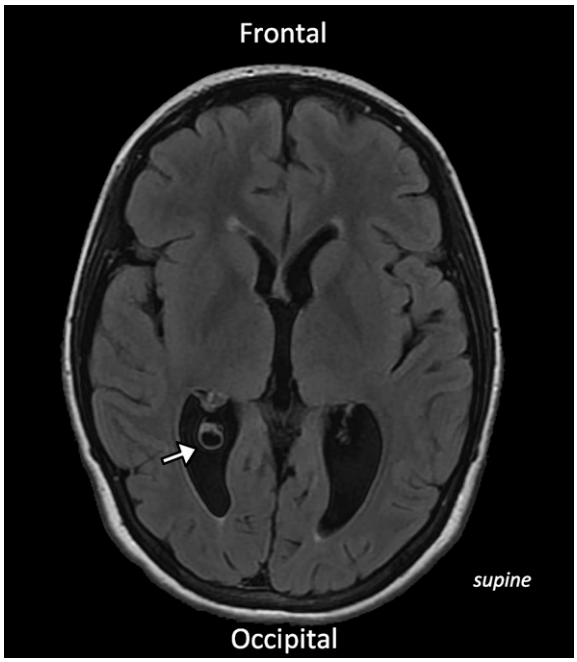

FIGURE 1. T_2-fluid attenuated inversion recovery magnetic resonance imaging (transverse section) of the patient, showing a free-floating *Taenia solium* cyst (**arrow**) in the right occipital horn of the lateral ventricle (supine position).

FIGURE 2. Repeat T_2-fluid attenuated inversion recovery magnetic resonance imaging of the patient in a prone position, showing a *Taenia solium* cyst (**arrowhead**) shifting anteriolaterally to the base of the lateral ventricle.

FIGURE 3. T_1-magnetic resonance imaging (sagittal section) of the patient, showing a *Taenia solium* cyst (*) partially occluding the third ventricle.

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FIGURE 4. Larval stage of *Taenia solium* removed from the right lateral ventricle of the patient by neuroendoscopic surgery.

and temporary cerebrospinal fluid obstruction of the ventricular system.[1] Neuroendoscopic removal has been performed in persons with intraventricular neurocysticercosis and shows minimal perioperative complications,[2] such as in our patient.

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