

[ PICTURES IN CLINICAL MEDICINE ]

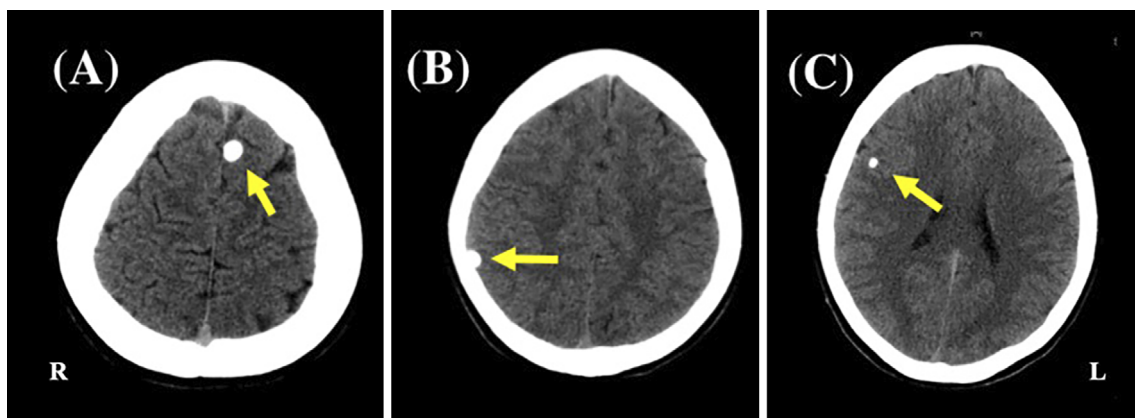
## Transient Peri-ictal Edema around Calcified Neurocysticercosis Lesions

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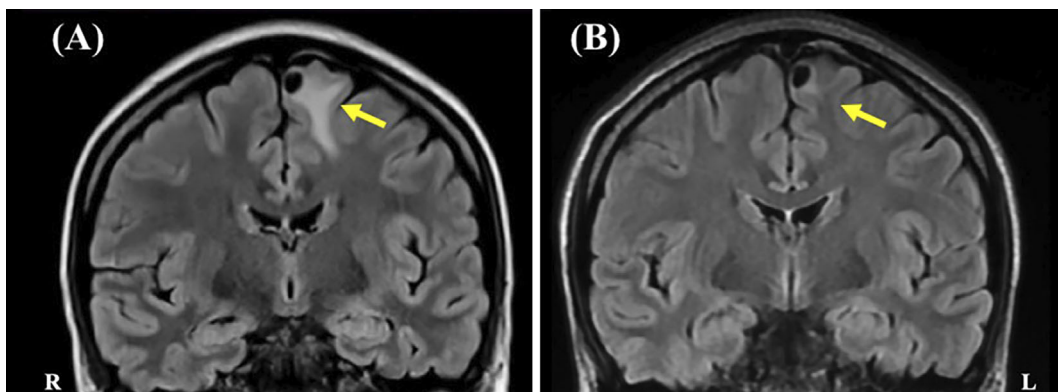
**Key words:** cysticercosis, *Taenia solium*, epilepsy, calcified lesions

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Picture 1.



Picture 2.

A 27-year-old woman from Nepal with a history of epilepsy presented with multiple calcified lesions on head computed tomography (Picture 1), suggesting neurocysticercosis. Brain magnetic resonance imaging performed three weeks after an unknown onset tonic-clonic seizure revealed edema around one of these lesions (Picture 2A), which had re-

solved by one month later (Picture 2B). Neurocysticercosis is caused by infection with *Taenia solium* larvae. Cerebral calcified lesions are a common feature of chronic neurocysticercosis. Peri-lesional transient edema is often observed around calcified foci and is known to be associated with seizure activity (1). Although anti-cysticercal antibodies had

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been negative in both her serum and cerebrospinal fluid, neurocysticercosis cannot be excluded, as the sensitivity of this test can be low during chronic infection (2). Neurocysticercosis should be considered in epileptic patients manifesting parenchymal brain calcifications, especially those with transient peri-ictal edema, even in the absence of positive immunodiagnostic test findings.

**The authors state that they have no Conflict of Interest (COI).**

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ern blot assay for *Taenia solium* antibodies in this patient.

#### **References**

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