

53-year-old male from Cape Verde with acute onset of vertigo

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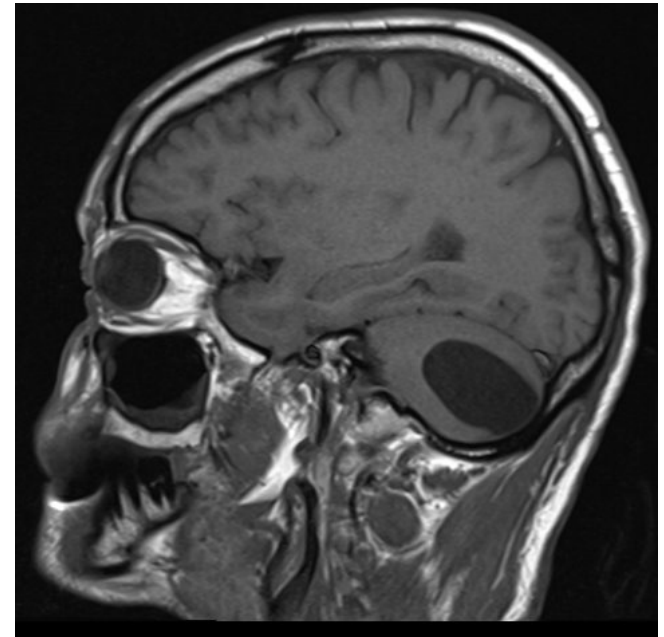
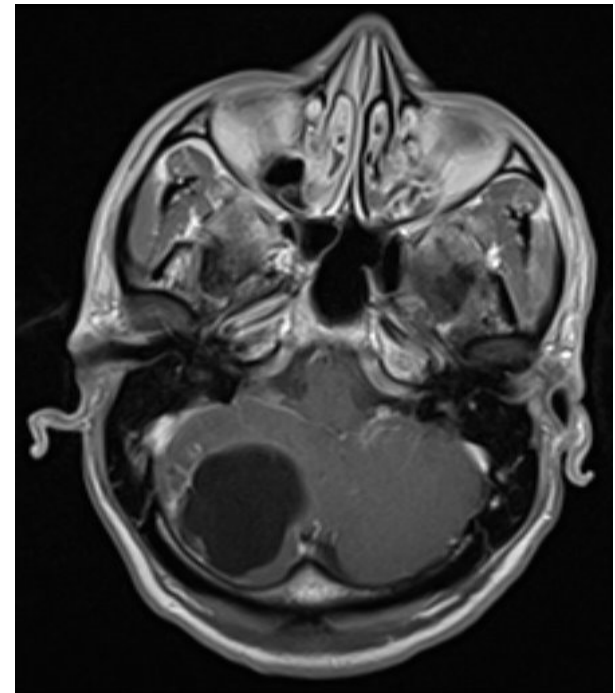


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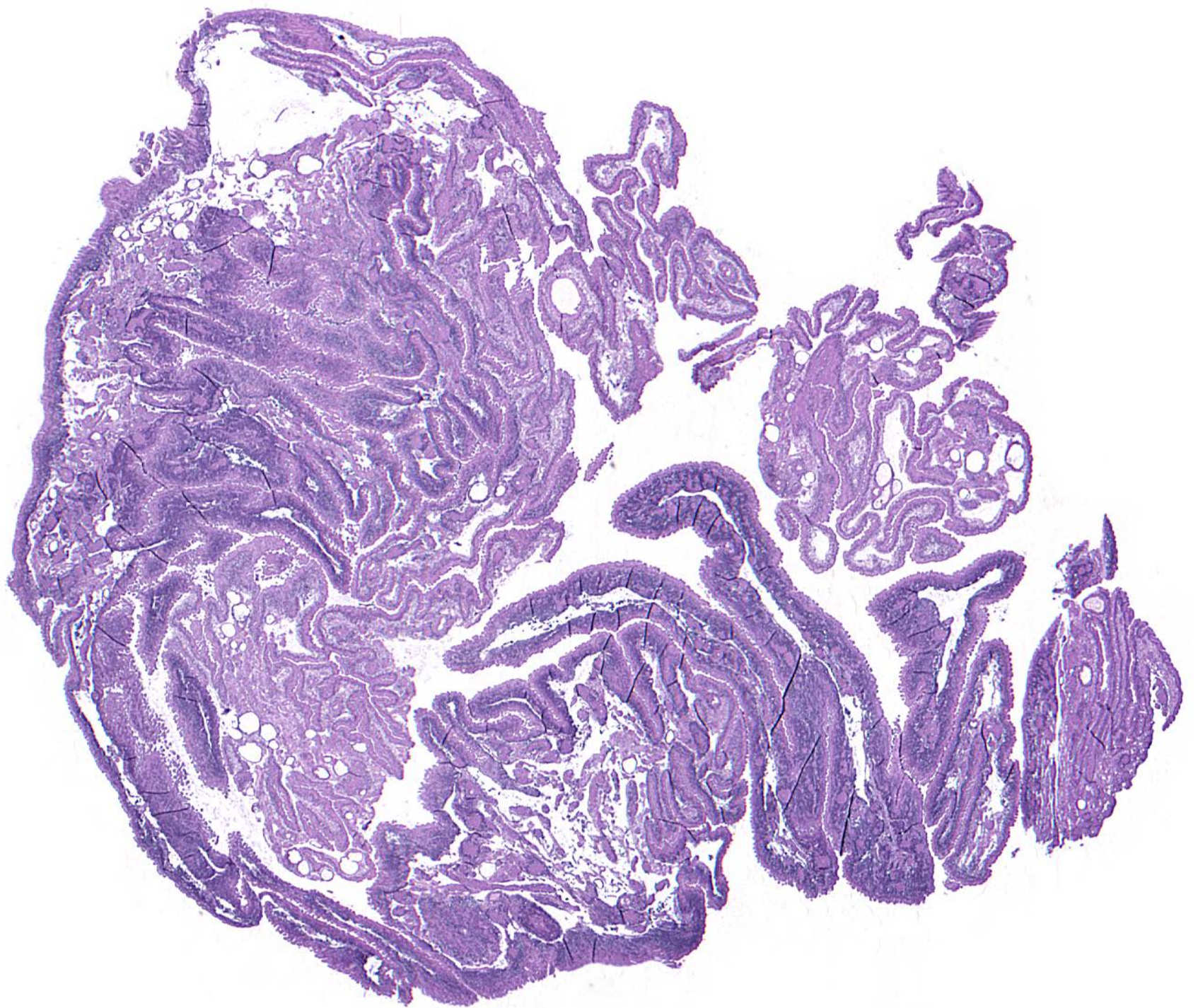


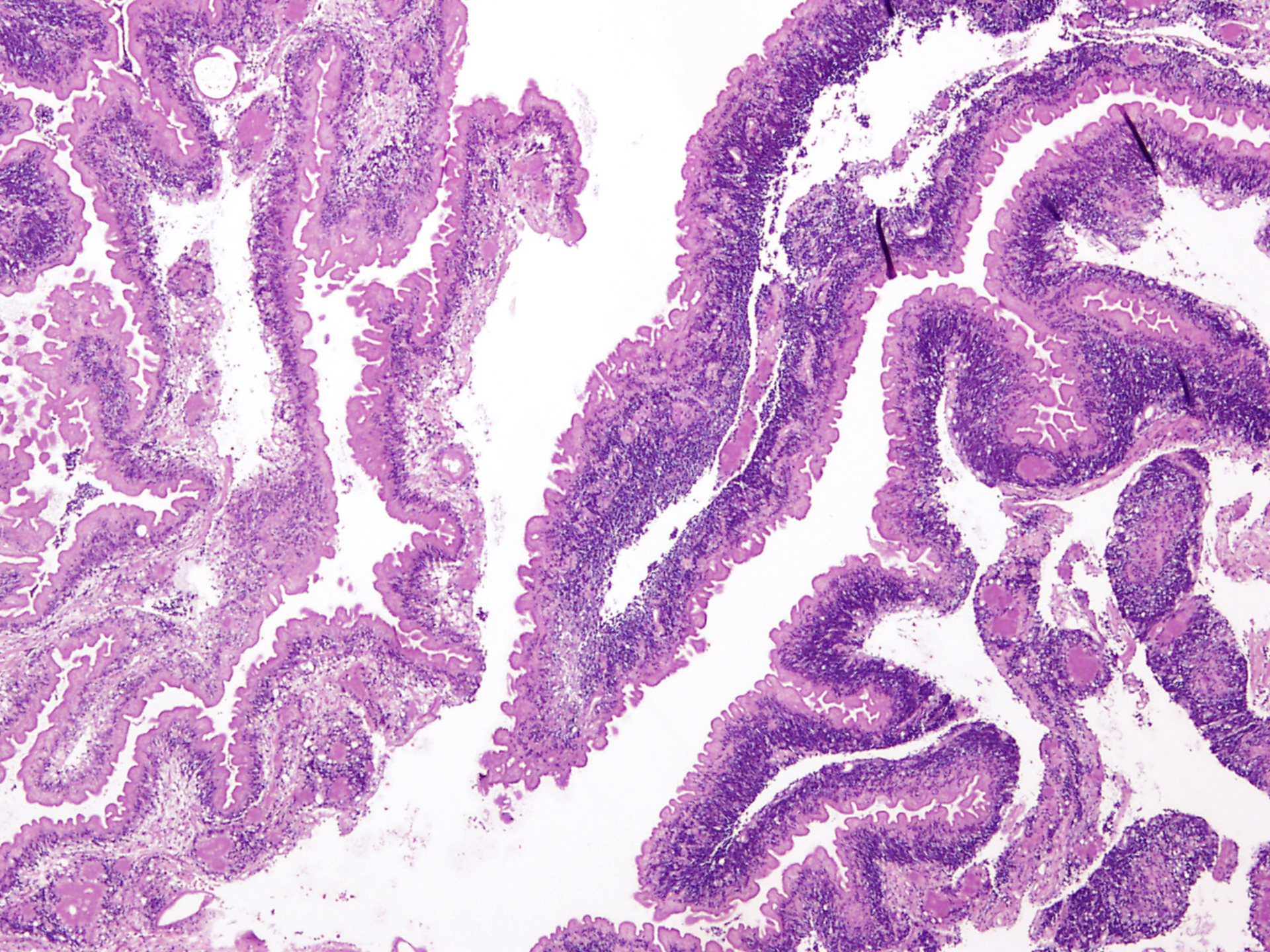
Case Presentation

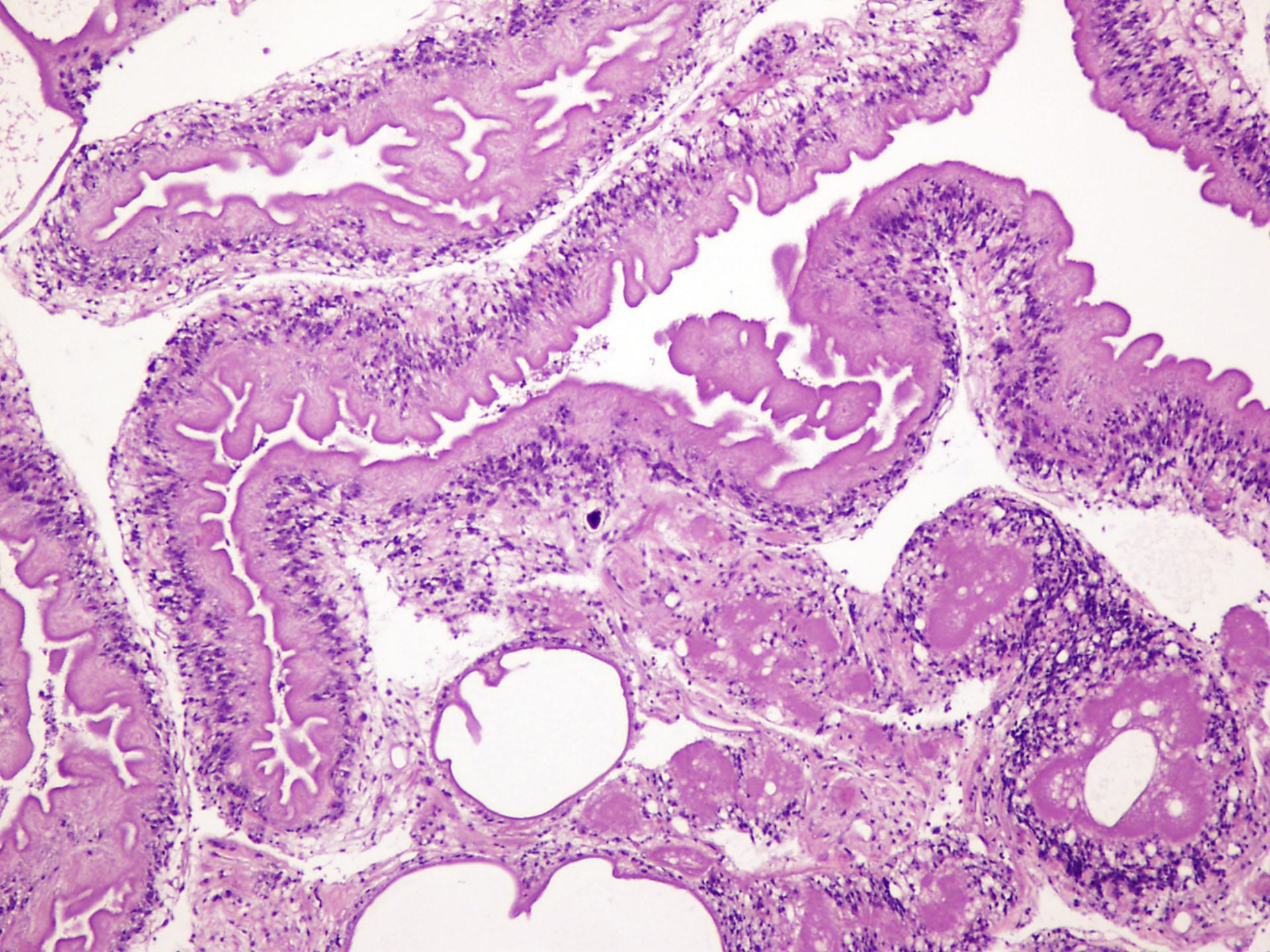
- 53-yo M from Cape Verde
- Acute onset of vertigo, nausea, vomiting
- PE: ataxic gait, up-beating nystagmus, right sided dysmetria
- PMH:
 - Brain lesion resected in 20s
 - Hodgkin's Lymphoma
 - Treated latent TB

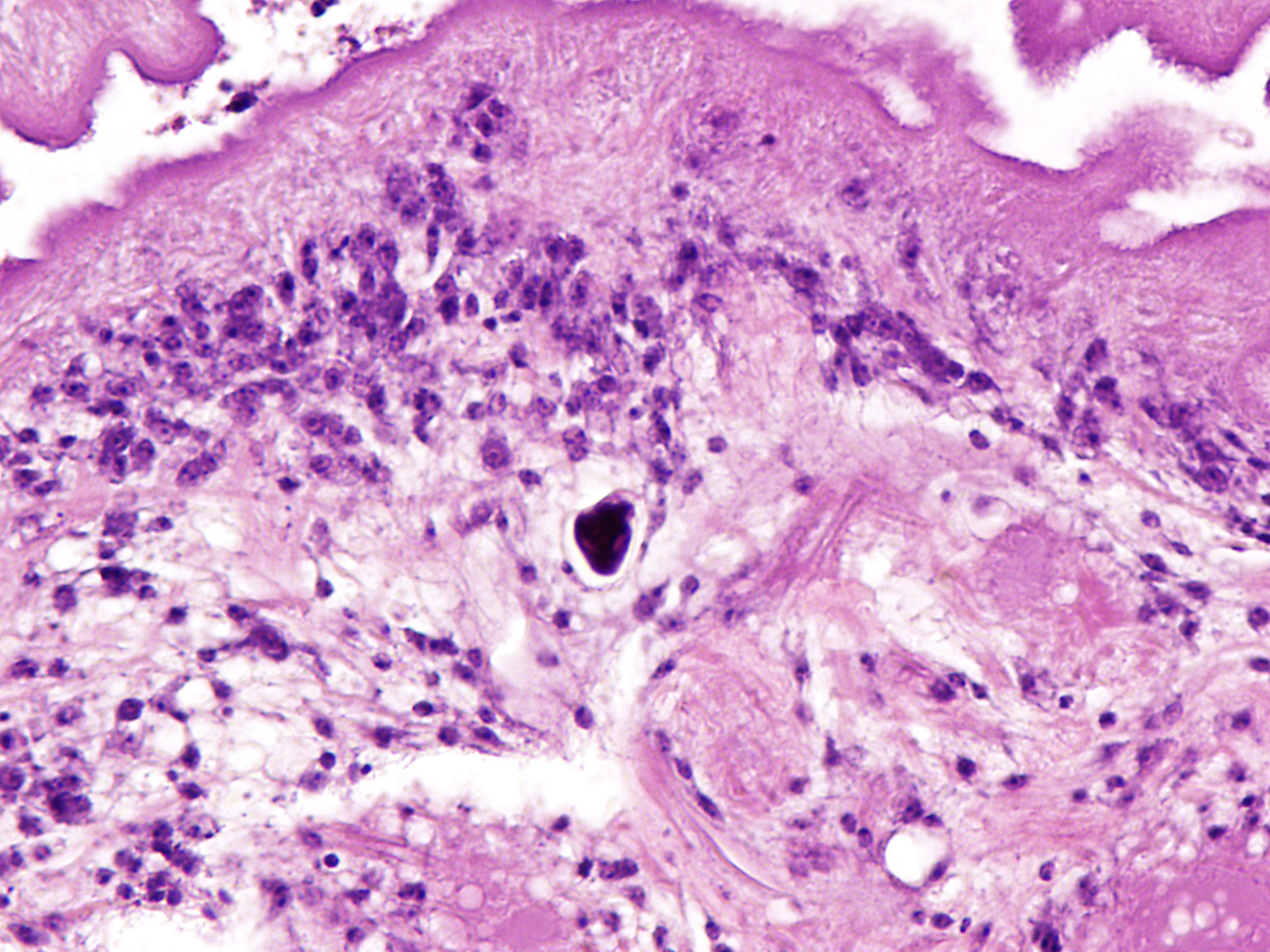


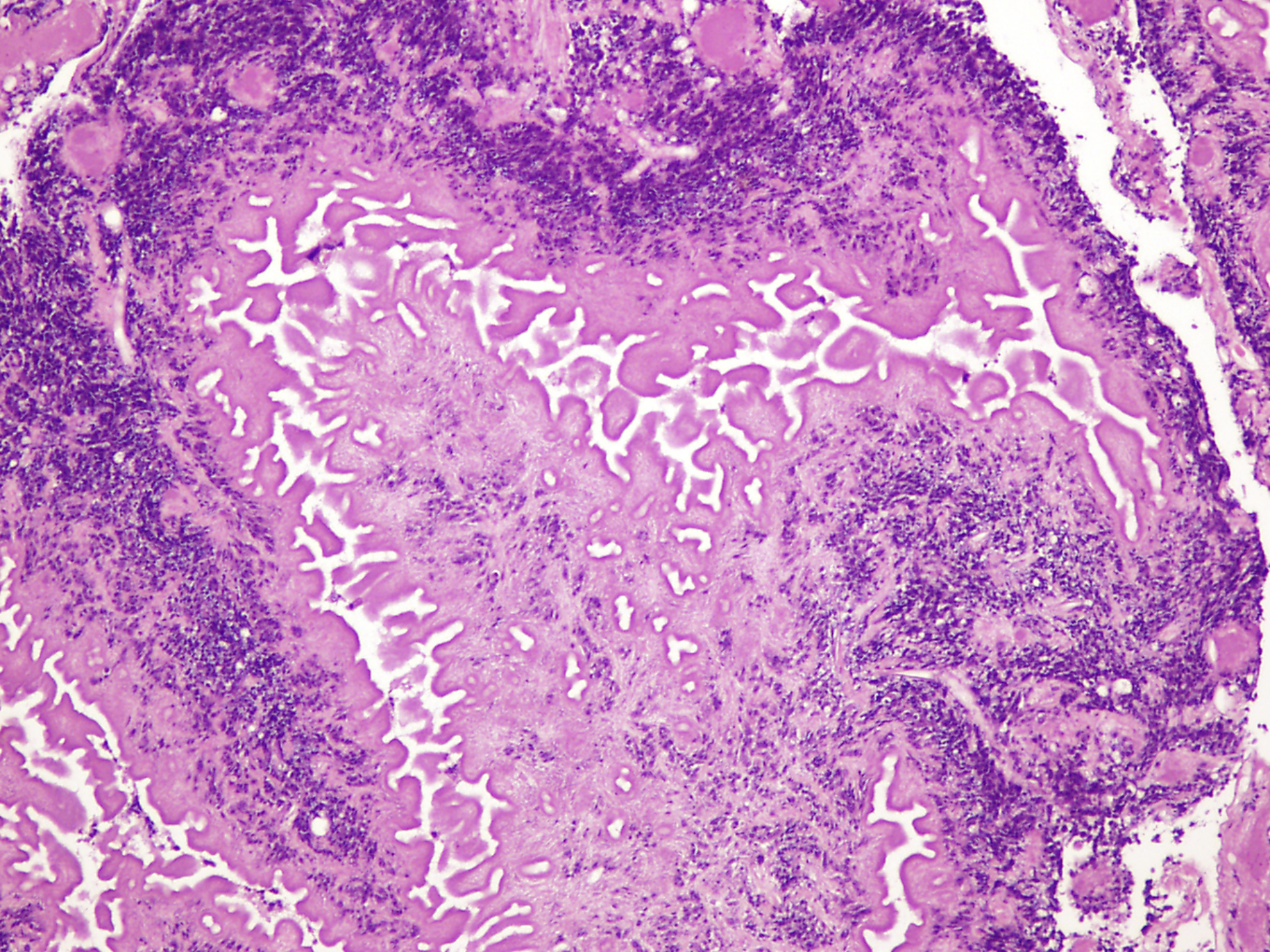
A. SPECIMEN LABELED “CYST WALL”

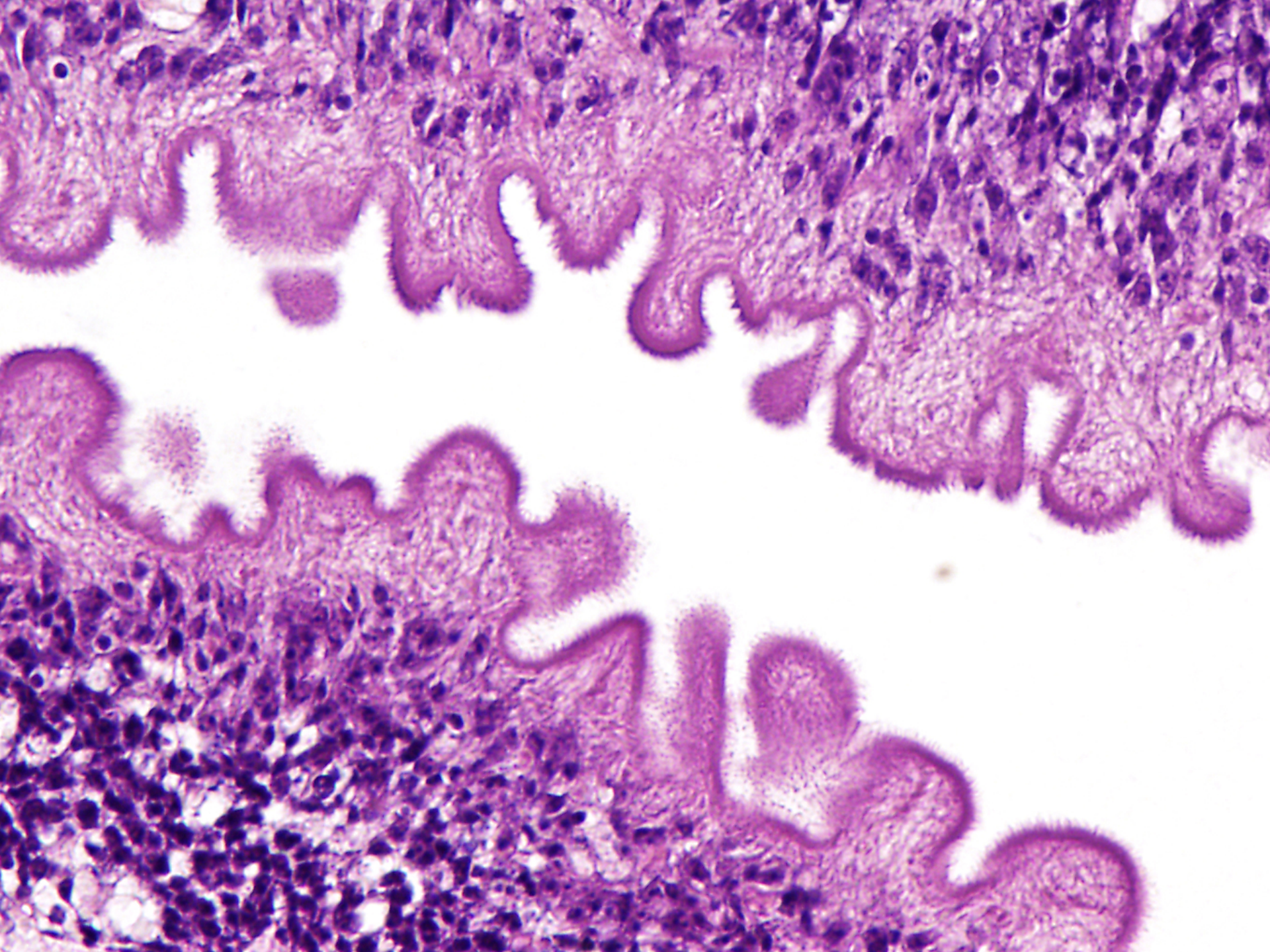












Discussion

- Histologic characteristics?
- Differential diagnosis (imaging, histology)?

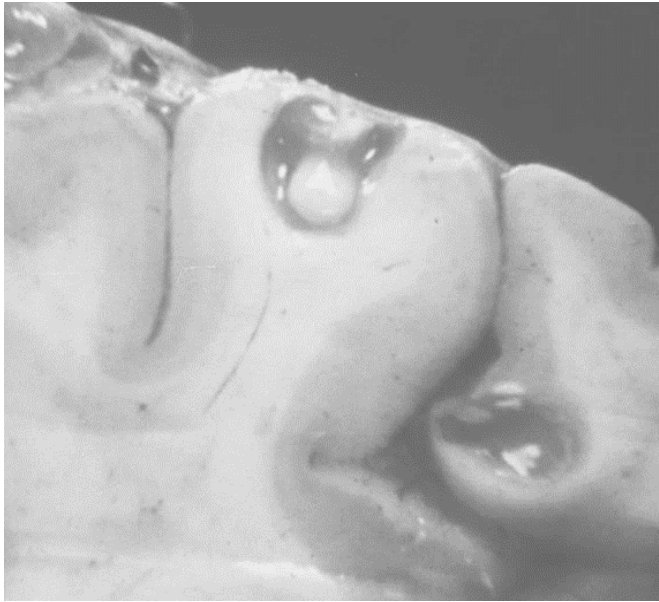
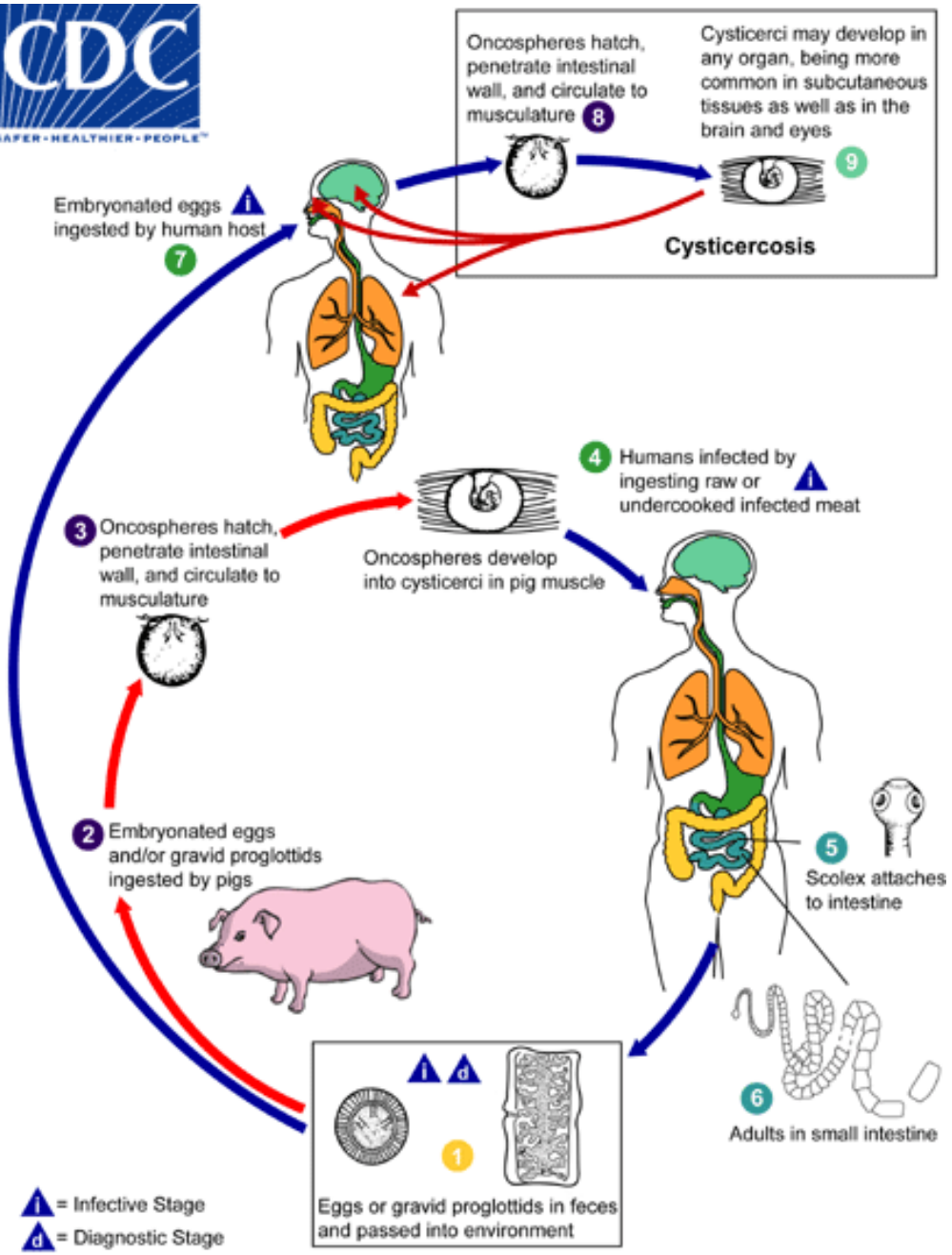
Pathologic Diagnosis

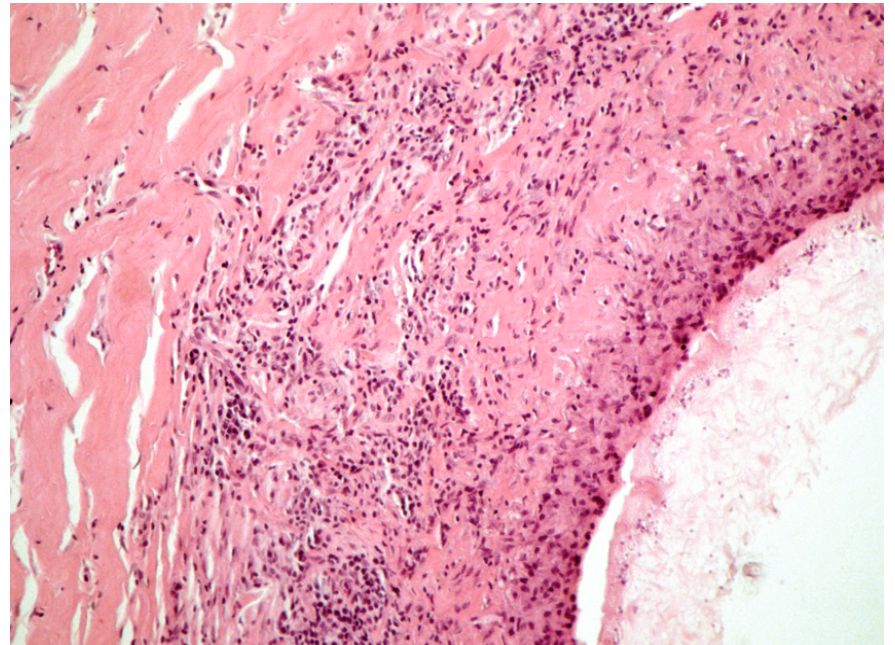
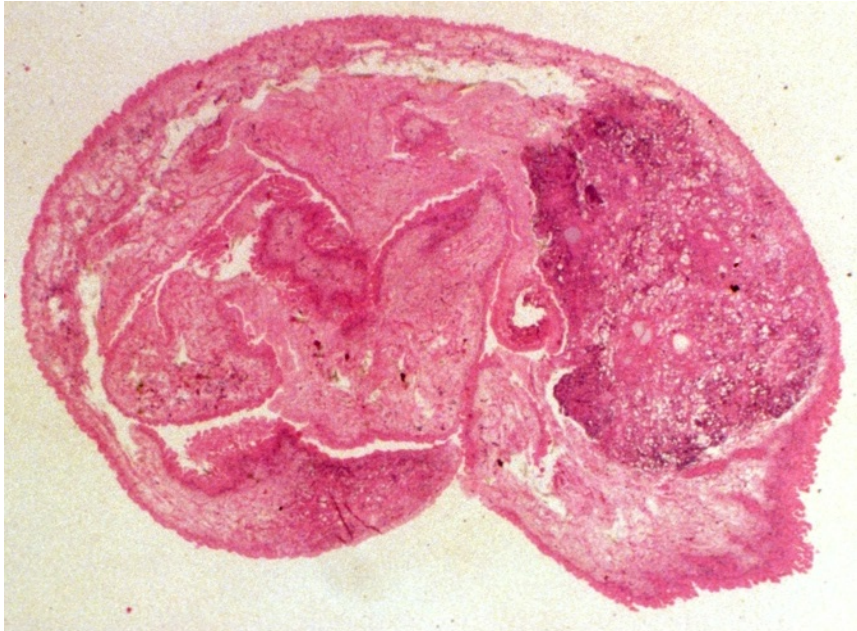
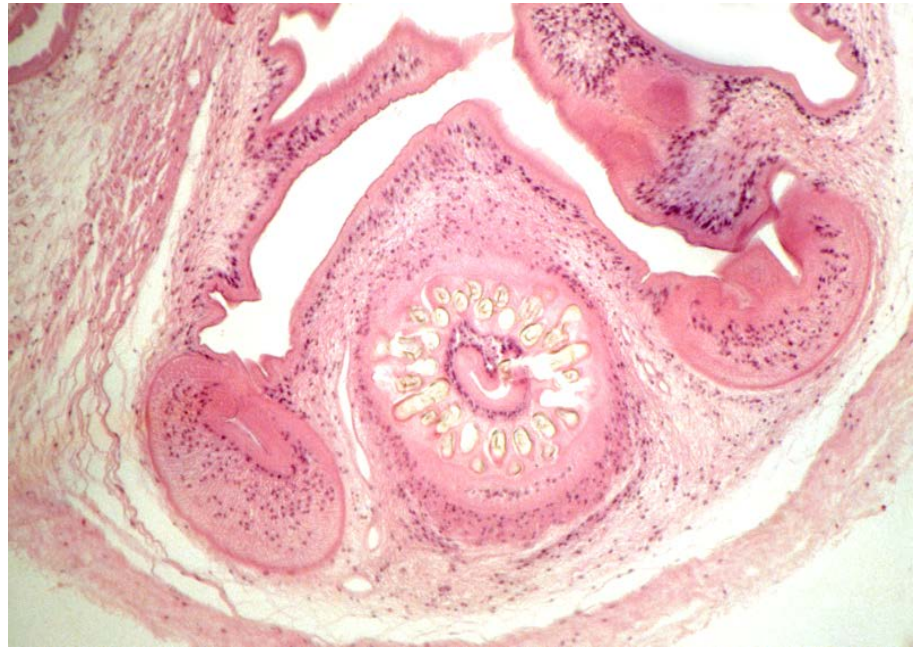
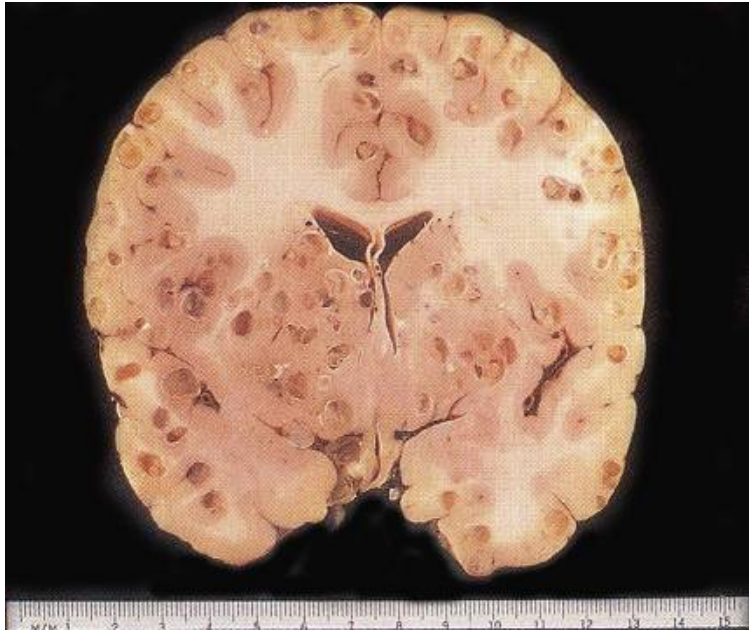
A. SPECIMEN LABELED: "CYST WALL":

NEUROCYSTICERCOSIS, see Note.
No brain tissue is present.

Note:

This specimen consists of many folds of cyst wall, tegument, and stroma with scattered calcereous bodies, and lacks an identifiable scolex, findings consistent with a racemose form of cysticercosis.

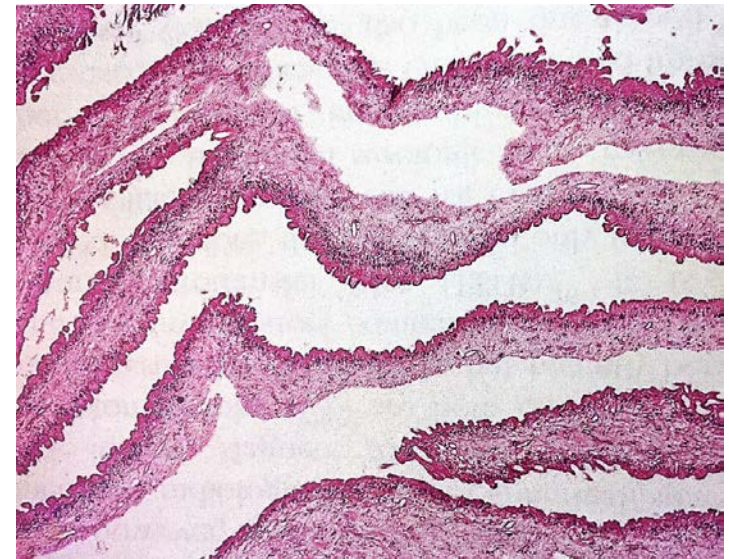




Racemose Neurocysticercosis

“aberrant proliferating cestode larvae”

- Non-viable, gradually expanding cysts, loss of scolex
- Extraparenchymal location allows for increased size 4-12 cm
- Rarely encountered in cerebellum; attributed to decreased blood flow
- Meningitis, adhesions can lead to CSF obstruction and hydrocephalus
- Treated with anticonvulsants, corticosteroids, albendazole, VP shunt, resection
- DDX: Other parasites (echinococcus), benign cysts, cystic neoplasms



Echinococcus (hydatid disease)

