Letter to the editor

Ocular cysticercosis: diagnosis and treatment

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Dear Editor,

I have read the case report titled "Ocular myocysticercosis: an unusual case of ptosis" published in the Nepalese Journal of Ophthalmology by Agrawal S et al (2013) with a great interest. The author has reported an unusual presentation of ocular cysticercosis in a 24-year-old male presenting as right eyelid ptosis due to involvement of levator palpebrae superioris and superior rectus muscle. Similary, Lavaju P et al, (2013) have reported subconjunctival cysticercosis with involvement of superiormuscle complex causing left eyelid ptosis in a 9-year-old boy. Sekhar et al, (1999) have also reported eight cases of ptosis and twenty one cases of proptosis among the 26 consecutive cases of myocysticercosis. Sekhar et al, (1999) have also compared computed tomography (CT) and B-scan ultrasonography (USG) in the diagnosis and demonstrated the efficacy of oral albendazole and prednisolone in the management of myocysticercosis.The authors have also described about the MRI of skull and orbit and enzyme linked immunosorbent assay (ELISA) for serum antibodies against cysticercosis for confirmation of the diagnosis and patient were treated with oral albendazole and systemic corticosteroids (Sihota et al, (1994). Albendazole alone should not be prescribed because it might cause optic neuritis and may cause visual loss in orbital cysticercus (Tandon et al, 1998).

Cysticercosis in humans is an ancient disease and has even been detected in Egyptian mummies by paleoparasitologists. Cysticercosis has been considered as a major public health problem in some developing countries. It is well known that human cysticercosis is secondary to an infestation by cysticercus cellulosae which can manifest as extraocular, intraocular, orbital, and neurocysticercosis. In our experience, invasion of cysticercosis larvae in the subconjunctival space, extraocular muscles mainly the superior rectus and levator muscle complex, orbital cysticercosis and neurocysticercosis are the common clinical presentations. Recently, we have also reported (Labh & Sharma, 2013) ptosis as a rare presentation of ocular cysticercosis. Optic nerve invasion of cysticercosis is a rare entity (Gulliani B P et al, 2001) not yet reported from Nepal. Sometimes intraocularcysticercosis having calcified mass in the vitreous cavity can mimic a case of retinoblastoma (Shekhar & Honavar, 2003) in a young child. Nevertheless, in some cases extraocular muscle cysticercosis can mimic orbital pseudotumor or orbital cellulitis (Chaudhary, 2013). The serological tests used for specific diagnosis of cysticercosis are indirect hemagglutination, indirect immunofluorescence, and immunoelectrophoresis such as ELISA serology is the most sensitive. FLAIR images in MRI scan have maximal rates of scolex detection hence should better to considered as diagnostic investigation in orbital and neurocysticercosis.

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