

# Cysticercosis- Presenting As Cervical Swelling Resembling Cervical Lymphadenopathy, A Rare Presentation

Dr. Rajnish Kalra<sup>1</sup>, Dr. Bharti Sharma<sup>2</sup>, Dr. Ritesh Kumar Sheorain<sup>2\*</sup>, Dr. Sucheta<sup>3</sup>, Dr. Sunita Singh<sup>4</sup>, Dr. Rajeev Sen<sup>5</sup>

<sup>1</sup>Professor, Department of Pathology, PGIMS, Rohtak, Haryana, India

<sup>2</sup>Junior Resident, Department of Pathology, PGIMS, Rohtak, Haryana, India

<sup>3</sup>Senior Resident, Department of Pathology, PGIMS, Rohtak, Haryana, India

<sup>4</sup>Senior Professor, Department of Pathology, PGIMS, Rohtak, Haryana, India

<sup>5</sup>Senior Professor & Head, Department of Pathology, PGIMS, Rohtak, Haryana, India

\*Corresponding author: Dr. Ritesh Kumar Sheorain

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## Abstract

Human cysticercosis is caused by encysted larvae of *Taenia solium*. This parasitic disease is endemic in developing countries like India. Most frequent reported locations are skin, subcutaneous tissue, skeletal muscles, mucus membranes, heart, eye & CNS. Head & neck (excluding orbital & neurocysticercosis) is an uncommon location for cysticercosis. We reported a case of cysticercosis cervical swelling resembling cervical lymphadenopathy in a 25 years old female patient who presented with painless left cervical swelling. Clinical diagnosis considered was tubercular lymphadenitis. On microscopic examination excised tissue comprised of skeletal muscles with cysticercosis cellulosae. We reported this case of cysticercosis because of its unusual presentation as cervical swelling mimicking cervical lymphadenopathy. It is a preventable disease. Personal and household hygiene is very important. Histopathology is the reliable method for confirming the diagnosis.

**Keywords:** Cysticercosis, cervical swelling, lymphadenopathy, head and neck.

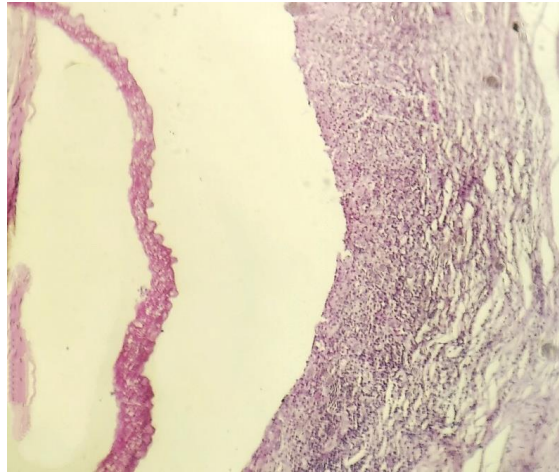
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## INTRODUCTION

Human cysticercosis is a parasitic infection caused by encysted larvae of *Taenia solium*. It is one of the most common parasitic disease worldwide and endemic in developing countries like India [1]. The most frequent sites of cysticercosis occurrences are subcutaneous tissue, brain, muscles, heart, liver, lungs and peritoneum [2, 3]. Cervical swelling mimicking cervical lymphadenopathy is a rare mode of presentation of cysticercosis infestation. Most common cause of cervical lymphadenopathy in India is tuberculosis [4, 5]. We report this case because cysticercosis is a most unusual cause for neck swellings which resembles lymphadenopathy.

## CASE REPORT

We reported a case of cysticercosis cervical swelling resembling cervical lymphadenopathy. A 25 years old female patient presented with painless left cervical swelling in Surgery out-patient department. On physical examination swelling was measuring 1.5 cm in greatest dimension, firm in consistency and freely mobile. Excision biopsy was done. Grossly, grey white firm globular tissue piece measuring 1.5X0.5X0.3 cm. On cut sectioning an uninoculated cyst measuring 0.5 cm in diameter identified filled with straw color clear fluid. Clinical diagnosis considered was tubercular lymphadenitis. Different investigations were done including Mantoux test which was not reactive. Complete hematological investigations were done which were within normal limits. Serum ELISA was not done. On microscopic examination excised tissue comprised of skeletal muscles with Cysticercosis cellulosae (Figure-1).



**Fig-1: Photomicrograph of H&E stained section showing *Cysticercus cellulosae* (x400)**

## DISCUSSION

Cysticercosis, an infection caused by larvae of the pork tapeworm (*Taenia solium*) is endemic in many countries of Latin America, Mexico, Sub Saharan Africa, India & East Asia [6, 7]. Poor personal hygiene, consumption of undercooked pork & history of passing tapeworm proglotids in feces are risk factors for human cysticercosis. Most frequent reported locations are skin, subcutaneous tissue, skeletal muscles, mucus membranes, heart, eye & CNS [8, 9]. Head & neck (excluding orbital & neurocysticercosis) is an uncommon location for cysticercosis. Brown et al suggested histopathology as the only reliable method for confirming the diagnosis of cysticercosis. Praziquantel & albendazole are the drug of choice for the treatment of cysticercosis [10].

## CONCLUSION

Cysticercosis is a preventable disease. Maintaining personal & household hygiene can prevent cysticercosis. Head and neck regions are an uncommon location for cysticercosis. Histopathology is the reliable method for confirming the diagnosis.

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