

Isolated adductor myocysticercosis in a 6-year-old girl

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Accepted 18 September 2017

DESCRIPTION

A 6-year-old girl presented with asymptomatic right thigh swelling over medial aspect for 6 weeks. Examination revealed a 5 cm×4 cm, non-tender, mobile swelling, not fixed to the skin or underlying structures. The rest of the examination was within normal limits. There was no history of seizures, headache or ophthalmic complaints. Ultrasonography of the right thigh revealed a well-defined cystic lesion measuring 11.5 cm×4.3 cm seen in the adductor muscle of the thigh with eccentric echogenic focus within (figure 1). No perilesional oedema was seen. Stool examination was negative for *Taenia solium* eggs. Serological testing could not be done due to affordability issues. A diagnosis of vesicular stage of isolated adductor myocysticercosis was made. Neuroimaging and ophthalmic



Figure 1 Showing well-defined cystic lesion with eccentric echogenic focus in adductor muscle of thigh.

Learning points

- ▶ Myocysticercosis is a parasitic disease caused by larval form of *Taenia solium* in tropics.
- ▶ Larvae may involve any organ system but mostly detected in the brain, eyes and muscles.
- ▶ A thorough search with neuroimaging and ophthalmic assessment should be done for central nervous system involvement as isolated myocysticercosis is unusual and rare.

assessment were unremarkable. Patient was treated with oral albendazole as an outpatient basis and had uneventful recovery at 1 month of follow-up with thigh swelling got completely resolved. However, we could not repeat an ultrasonography a few months later as she was lost to follow-up.

Occurrence of myocysticercosis caused by larval form of *T. solium* is not uncommon in developing countries like India. It may involve any organ system but mostly detected in the brain, eyes and muscles. A thorough search should be made for central nervous system involvement as isolated myocysticercosis is unusual and rare.

Contributors SAS: Followed up the case and wrote the manuscript. RKY: Worked up the case and prepared the final manuscript. MM, AS: Critical revision of the final manuscript. All the authors approved the final version of manuscript.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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To cite: Siddiqui SA, Yadav RK, Maurya M, et al. *BMJ Case Rep* Published Online First: [please include Day Month Year]. doi:10.1136/bcr-2017-222167

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