

# Spontaneous extrusion of subconjunctival cysticercosis cyst

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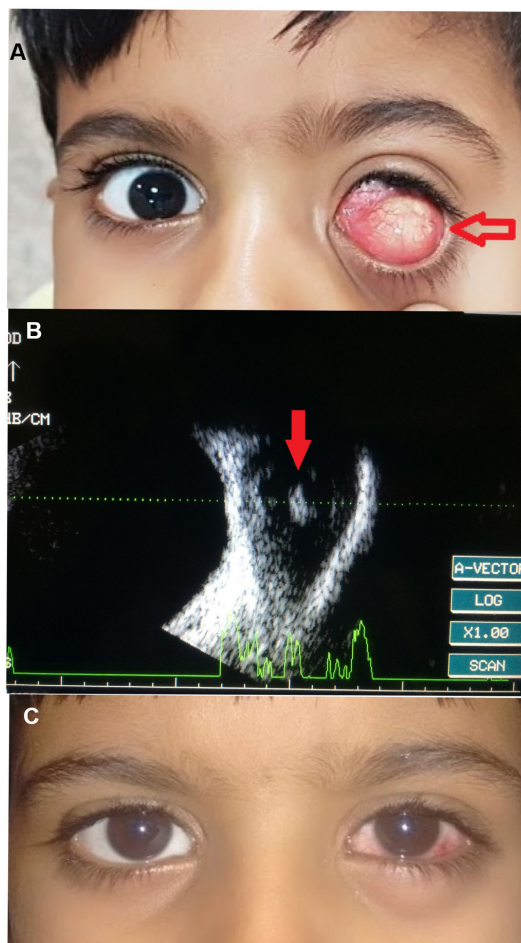
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## DESCRIPTION

A 6-year-old male patient presented to eye emergency with a history of progressive swelling in the left eye for the past 10 days. Examination showed a well-defined epibulbar mass in the left eye with surface and surrounding congestion (figure 1A). On examination, visual acuity was 20/60 in the left eye, and 20/20 in the right eye. Anterior chambers and lens in each eye were within normal limits. Extraocular motility was severely restricted in down gaze. Ultrasound B scan showed a well-defined epibulbar cystic cavity with a central high amplitude

dot-like echo which was persisting until low gain (figure 1B). These findings in an endemic country are suggestive of subconjunctival cysticercosis. A CT of the orbit and head was planned to further define the pathology in the rectus muscle and brain but the very next day patient presented with spontaneous extrusion of the cyst (figure 1C). The patient was prescribed oral albendazole 15 mg/kg body weight combined with oral prednisolone 1 mg/kg body weight tapered over a period of 4 weeks after excluding intracranial cysticercosis. The diagnosis in this case was based on clinical presentation and initial ultrasound findings in our clinical experience without any histopathology as the extruded cyst was not available for microscopic examination.

Spontaneous extrusion of the subconjunctival cysticercus cyst has been noted spontaneously as well as following the initiation of anthelmintics.<sup>1 2</sup> These cases go undetected because of poor awareness among the general population in endemic countries as well as lack of suspicion by the primary treating physician during initial presentation. Cases with acquired non-traumatic extraocular motility restriction of acute onset along with inflammation in endemic countries should raise the suspicion. Ultrasonography is a cheap modality for quick diagnosis by eliciting the cyst along with a scolex within it. If these cases go undetected or if diagnosis is delayed this kind of consequences may arise. Similarly, extraocular muscle disease may induce significant amount of muscle fibrosis causing motility restriction and diplopia.



**Figure 1** (A) An inferior large subconjunctival cyst with superior globe dystopia (red arrow) at initial presentation. (B) B scan ultrasonography showing a large cyst with a high-amplitude dot-like echo suggestive of scolex (red arrow). (C) After spontaneous extrusion, the globe assumed an orthophoric position with reduction in inflammation.

## Learning points

- ▶ Spontaneous extrusion of the subconjunctival cysticercus cyst is a rare scenario, which can be avoided by strong clinical suspicion during the initial course of the disease in endemic countries.
- ▶ These cases need imaging of the head and orbit even after extrusion of the cyst to look for any other foci before starting anthelmintics and steroids.

**Contributors** HO, AP, YG and SB have evaluated the case in detail followed by medical treatment. After critically analysing the educational value of the case all four authors together wrote the report.

**Competing interests** None declared.

**Patient consent** Obtained.



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