Spontaneous extrusion of subconjunctival cysticercosis cyst

Hameed Obedulla, Amar Pujari, Yogita Gupta, Shabeer Basheer

Dr Rajendra Prasad Centre for Ophthalmic Sciences, All India Institute of Medical Sciences, New Delhi, India

Correspondence to
Dr Amar Pujari,
dramarpujari@gmail.com

Accepted 27 July 2017

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.^{1 2} 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.

CrossMark

To cite: Obedulla H, Pujari A, Gupta Y, et al. *BMJ Case Rep* Published Online First: [please include Day Month Year]. doi:10.1136/bcr-2017-221470

Provenance and peer review Not commissioned; externally peer reviewed.

© BMJ Publishing Group Ltd (unless otherwise stated in the text of the article) 2017. All rights reserved. No commercial use is permitted unless otherwise expressly granted.

REFERENCES

- 1 Raina UK, Taneja S, Lamba PA, *et al*. Spontaneous extrusion of extraocular cysticercus cysts. *Am J Ophthalmol* 1996;121:438–41.
- 2 Bhatia K, Sengupta S, Sharma S. Spontaneous extrusion of subconjunctival cysticercosis cyst. *JAMA Ophthalmol* 2016;134:e155025.

Copyright 2017 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow