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Case Report

Symptomatic Abdominal wall Cysticercosis: A rare presentation

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Abstract: Small abdominal lumps can be very challenging sometimes. Various common diagnosis of these lumps can be lipomas, neurofibromas, epidermoid cysts, myxomas, lymphadenopathy, appendiceal lump etc. Abdominal wall muscle cysticercosis is rare and usually has asymptomatic presentation. Only 20 % of these cysts can be painful [1]. We report an interesting case of painful abdominal lump in a young male.
Keywords: Abdominal lump, cysticercosis, painful cysticercosis, abdominal cysticercosis.

CASE REPORT

A 17 year old male presented with a history of lump in right iliac region since 15 days. He gave history of occasional pain in the lump and increased in size. On examination the lump was present 3 cm below sub costal margin measured around 2 x 2 cm, globular, firm in consistency, irregular margins, deep to skin and mobile in direction towards the umbilicus. Differential diagnosis of neurofibroma, lipoma and myxoma was kept. Routine investigations relieved eosinophilia and Ultrasound abdomen showed a hypo echoic lesion with scolex inside suggestive of cyste cercosis (figure1). Patient gave no history suggestive of nervous system or ocular involvement. Computed Tomography and eye examination confirmed that the lesion was not present in other systemic organs. As an isolated site of cysticercosis, the patient was put on daily dose of albendazole 15mg/kg/day and analgesics. Because of persistence of pain after 7 days of treatment, the cyst was surgical removed in general anaesthesia. Intraoperatively, it was found that the cyst is located over the lateral margin of external oblique muscle and the surrounding area was fibrotic (figure 2). The cyst was removed and sent for histopathology which showed skeletal muscle bundles having dense chronic inflammatory infiltrate with prominence of eosinophils with giant cell reaction suggestive of parasitic pathology (figure 3). Patient was put on albadendazole for the next 3 weeks.

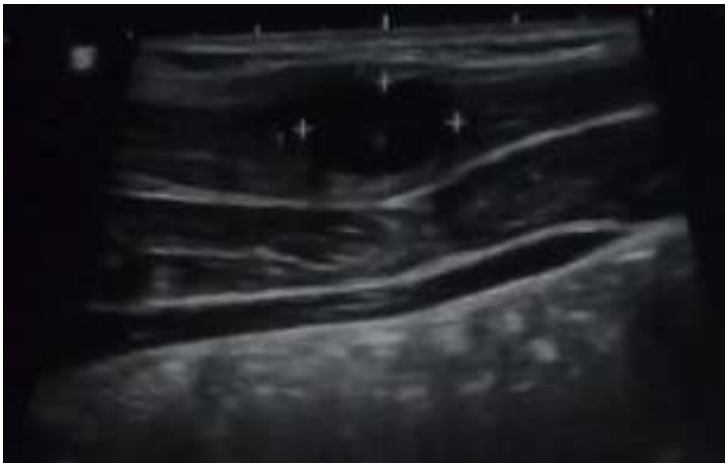

Fig-1: Ultrasonic view of cyst

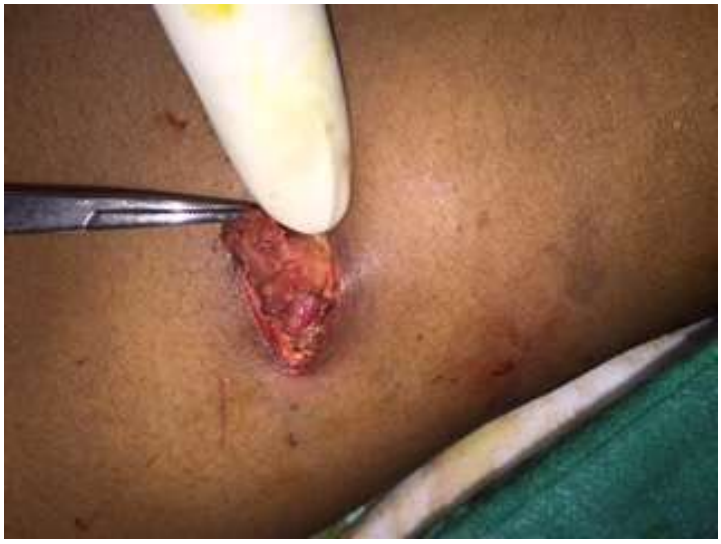

Fig-2: Intraoperative picture showing excision of cyst

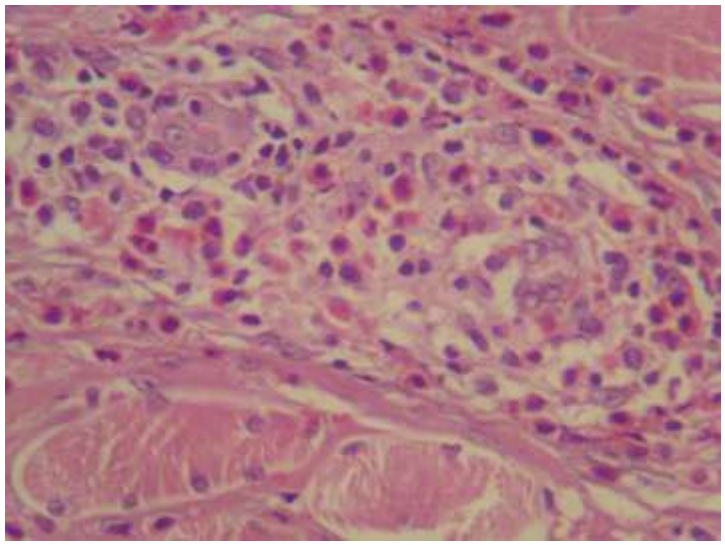

Fig-3: Histopathology showing features suggestive of cysticercosis

DISCUSSION

The parasitic infection by the cysticercus cellulose, larval form of taenia solium, is known as cysticercosis, humans being its definitive host and pigs being intermediate host. The mode of transmission is feco-oral, the most common being the consumption of raw or undercooked beef or pork, water, or vegetables contaminated with Taenia eggs [2]. Most frequently affected tissues are subcutaneous tissue skeletal muscles of upper extremities, central nervous system and eyes. Few unusual sites are heart, lungs, peritoneum, kidney and skeletal muscles of chest and abdomen are rare sites [3, 4]. In India, one of the leading causes of seizures is neuro cysticercosis. Ultrasound of involved soft tissue is diagnostic if hypo echoic lesion with scolices is visible [5]. Fine needle aspiration of such areas will further confirm the diagnosis [6]. In an isolated cysticercosis, neural and ocular involvement should always be ruled out with help of MRI / CT [3], as done in this case. In an endemic region like India, medical treatment with anti helthemic (albendazole 10-15mg/kg/day) for 3 weeks is mainstay, in most of the cases. Surgical treatment is the executed if conservative management fails to relieve the symptoms.

CONCLUSION

Accurate clinical examination and diagnostic tests hold utmost importance in proper treatment planning and execution in such rare cases of cysticercosis. We recommend proper cooking and hygienic handling of pork and its products as a preventive measure for this parasitic infection.

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