# Commentary

Neurocysticercosis still remains as the great imitator and represents a huge diagnosis challenge given that some of the symptoms are similar to other CNS pathologies, epilepsy for example, and the few specificity of most of the findings in image studies and the immunologic tests.[1,2] But, there are certain clinical findings that help to have a definite and unmistaken diagnosis. Del Brutto *et al.* proposed in 2001[3] several criteria with variable degrees to diagnose neurocysticercosis. The absolute criteria are three, histological demonstration of the parasite from biopsy of a brain or spinal cord lesion, Cystic lesions showing the scolex on CT or MRI, and direct visualization of subretinal parasites by funduscopic examination.[3] The authors present a case of parenchyma neurocysticercosis, that meets the second absolute criteria.

It is interesting that in this particular case the symptoms that the patient developed matched perfectly with the site where the cyst was located. It is an unusual location indeed, but with several years of experience, we can say for sure that these parasites can be found anywhere in the central nervous system.[4]

The life cycle of the cysticercus has three stages: vesicular, colloidal, and calcified.[5] For the parenchyma cysticerci, the choice is whether treat the patient medically or not as Carpio *et al* describes.[6] Even though, the decision must be taken according to the patient and the symptoms, given that each patient is unique.[2] Based on the results of the MRI, the cyst was a single lesion, so, the authors decided not to give any specific medication and treat the patient conservatively, with the subsequent improvement of the patient.

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