Commentary

I read with interest the study by Wiwanitkit and Wiwanitkit, which has summarized the previous publications on Thai patients with racemose neurocysticercosis (NCC).[1] The authors described the clinical manifestations and paraclinical findings in five reported Thai cases.

Racemose NCC is a rare form of the NCC, which develops at the basal subarachnoid region. NCC is the most common cause of parasitic infection in the human central nervous system. This infection causes a wide variety of neurological symptoms from headache to focal neurological loss or hemiparesis. In addition, it is the main cause of adult-onset epilepsy in endemic areas.[2,3] NCC is a relatively common infection in developing countries. Additionally, due to immigration and traveling in recent decades, physicians in westerns countries have been faced with incidental cases of NCC.[4,5]

This study not only revealed the difficulties with the proper diagnosis of this disease due to its various clinical presentations and the limited role of imaging techniques, but also suggested considering the possibility of concomitant medical problems in some cases. In general, clinicians need to be aware of these facts and consider the possibility of racemose NCC in confronting patients from high-risk regions who have signs or symptoms of central nervous system involvement.

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