

Commentary

Neurocysticercosis is the most common parasitic infection of the central nervous system but the spinal cysticercosis is an uncommon site^[1] and the cysticercosis of the cauda equine is even rare.^[2] The symptom of spinal neurocysticercosis included pain, paraparesis, spasticity, bowel and bladder incontinence, and sexual dysfunction,^[3] MRI is considered the optimal method to detect the spinal cysticercosis, which revealed mural nodule (representing the scolex) and cyst wall shows variable post contrast, usually a ring like after enhancement,^[4,5] the cerebrospinal fluid (CSF) examination often shows increased proteins, a low or normal glucose, moderate lymphocytic pleocytosis and eosinophilia.^[2] Cysticercal antibodies found either in CSF or in serum by enzyme-linked immunological assay (ELISA) have good sensitivity and specificity in cysticercosis diagnosis provided the spinal cysticercosis was suspected. Neither clinical symptom, nor MRI and CSF is specific enough to draw the diagnosis of spinal neurocysticercosis, which pose a great challenge to spine and neurosurgeon. Some author argued that the diagnosis could be reached provided the spinal neurocysticercosis was borne in mind.^[4] There are four forms of spinal neurocysticercosis: Vertebral, extradural, intradural extramedullary and intramedullary,^[4] the commonest being intradural extramedullary region (subarachnoid), which is thought to be a result of direct CSF dissemination from cerebrum. The intramedullary type is considered to come from the blood circulation. Neurological manifestations can be produced by the parasite itself causing mechanical compression and obstruction, surrounding inflammation, cord edema and residual scarring, pachymeningitis or spinal cord degeneration. Treatment of spinal neurocysticercosis is still controversial, some advocated chemotherapy using albendazole and steroid such as dexamethasone because of surgery having rather high rate of mortality and morbidity,^[6] others advocated surgery combined chemotherapy because of deteriorating neurological function or the diagnosis is doubtful.^[7] To our opinion, the individual treatment must be pursued: If there is disseminated neurocysticercosis involvement of brain and the spinal cord, or the patients cannot sustain the insult of operation, chemotherapy should be the

optimal choice;^[8] if the patient suffered isolated spinal neurocysticercosis with deteriorating neurological function or the diagnosis is doubtful, surgery combined chemotherapy should be recommended.^[6] Whatever treatment is chosen, the long follow-up should be performed to monitor the possible recurrence of the neurocysticercosis.

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