

# Recurrent intraventricular cysticercal cyst

Intraventricular cysticercosis is one of the more favorable forms of neurocysticercosis (NCC). A surgical cure can be anticipated in most patients, especially when the disease is confined to a single intraventricular cyst. Endoscopic techniques provide the least traumatic and safest means to excise intraventricular cysts whether the cysts are in the lateral, third or fourth ventricles.<sup>[1]</sup> However, the surgeon must be experienced not only in endoscopic procedures but also in the technique of delivering the entire cyst out of the cranial cavity. One of the main reasons why surgery is so safe and successful for intraventricular cysticercal cysts is the fact that in most cases the cyst does not adhere to the walls of the ventricle and is usually floating in the ventricular cavity. Hence, it can be grasped and delivered out without any damage to the ventricular walls. Although there is some concern regarding the ill effects of the rupture of the cyst, these are unfounded as there have been no reports of either an anaphylactic reaction to cyst rupture or spread of the disease.<sup>[2]</sup> It is safe, nay even mandatory for cysts in the third ventricle, to rupture the cysts before excising them. There are no guidelines regarding the need for cysticidal drug therapy with albendazole following excision of intraventricular cysts. But if one is certain with good preoperative imaging that there are no other cysticercal cysts in the brain, albendazole can be withheld.

The unusual feature of the case presented by Joshi *et al.*,<sup>[3]</sup> published in this issue of the journal, is that the cysticercal cyst recurred at the same location, namely the third ventricle, after a gap of 2.5 years. Recurrent solitary parenchymal cysticercal granulomas have been reported by us and interestingly in our patients the granuloma was seen in the same hemisphere very close to the previous granulomas which had resolved on imaging.<sup>[4]</sup> Since

the spread of cysticercal larvae to the brain is through the blood stream, our case and the present one suggest that there is some peculiarity in the blood supply to a particular region of the brain in a given individual which makes that region more prone to hematogenously spread infections such as cysticercosis. I do not believe that incomplete excision of the cyst at the first surgery was the reason for recurrence. First, a postoperative MR scan after the first surgery documented complete excision. Second, even if a part of the cyst wall is retained it will form a granuloma and will not grow into a complete cyst. Therefore, it is most likely that the recurrent cyst was due to reinfection.

Finally, this case reminds us of the high prevalence of NCC in our country.<sup>[5]</sup> Unfortunately, control measures such as universal use of latrines and regulation of pork industry remain a distant dream in our country.

Vedantam Rajshekhar

Department of Neurological Sciences, Christian Medical College, Vellore, India

**Address for correspondence:**

Dr. Vedantam Rajshekhar,  
Department of Neurological Sciences,  
Christian Medical College, Vellore, India.  
E-mail: rajshekhar@cmcvellore.ac.in

## References

1. Rajshekhar V. Surgery for neurocysticercosis. A review. *Int J Surg* 2010;8:100-4.
2. Bergsneider M, Hooloy LT, Lee JH, King WA, Frazee JG. Endoscopic management of cysticercal cysts within the lateral and third ventricles. *J Neurosurg* 2000;92:14-23.
3. Joshi KC, Singh D, Singh H, Sakhuja P. Repeated hydrocephalus in recurrent intraventricular neurocysticercosis: An uncommon presentation. *J Neurosci Rural Pract* 2012;04:87-9.
4. Sujit Kumar GS, Rajshekhar V. New solitary cysticercus granulomas causing recurrent symptoms in patients with resolved solitary granulomas. *Neurol India* 2004;52:265-7.
5. Rajshekhar V, Raghava MV, Prabhakaran V, Oommen A, Muliyl J. Active epilepsy as an index of burden of neurocysticercosis in Vellore district, India. *Neurology* 2006;67:2135-9.

**How to cite this article:** Rajshekhar V. Recurrent intraventricular cysticercal cyst. *J Neurosci Rural Pract* 2013;4:6.  
**Source of Support:** Nil. **Conflict of Interest:** None declared.

Access this article online	
Quick Response Code:	Website: www.ruralneuropractice.com
	DOI: 10.4103/0976-3147.105600