



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

ISOLATED INTRAMUSCULAR CYSTICERCOSIS : A RARE DIAGNOSIS

Pallavi Ailawadi Chawla⁽¹⁾

Skinacea Clinic, Dermatology, New Delhi, India⁽¹⁾

Background: Cysticercosis is caused by *cysticercus cellulosae*, larval form of tapeworm, *Taenia solium*. It is endemic with high prevalence in most of the developing countries. The parasite can involve any tissue in the body, with a strong predilection for central nervous system (CNS) and eyes. The muscular type of cysticercosis, has three different clinical types: myalgic, mass-like and pseudotumor or abscess-like. Solitary muscular and soft tissue involvement without CNS involvement is uncommon and is a diagnostic challenge.

Observation: A 9 year old girl present to the clinic with complaints of multiple swelling over the body since 6 months. Most of the swellings were asymptomatic, except for four of them, which were red, swollen and very painful since last 2 weeks. No other significant history was recorded.

On examinations, the size ranged from 1.5x1.5 cm to 5x4 cm, well-ill defined margins, firm consistency, nontender, nonfluctuant and overlying skin normal; present on chest, thighs, back, upper arm and wrist. Swellings on both palms, left calf and chest wall were tender, warm and overlying skin was erythematous. The Fine needle aspiration cytology done from 3 nontender lesions reported features of acute suppurative lesion with few muscle fibres, suggestive of intramuscular abscess. Further, high resolution ultrasound of two swellings showed central cystic swelling with echogenic scolex in intramuscular plane of serratus anterior and palmaris longus. Thus, diagnosis of abscess variant of intramuscular cysticercosis was made. Computed tomography of brain and ocular examination were normal. The patient was treatment with albendazole and steroids and she responded well, with complete resolution of lesions in a month.

Key message: Isolated intramuscular cysticercosis is rare disease and presents diagnostic challenge in dermatology clinic. It should always be kept as a differential diagnosis in all kinds of subcutaneous swellings in endemic regions.

