



Soft Tissue Cysticercosis: A Case Report

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Abstract

Soft tissue cysticercosis is not uncommon in daily clinical practice. Cutaneous, subcutaneous or intramuscular swellings, masquerading as soft tissue tumours or skin adnexal lesions, are often diagnosed as cysticercosis, by imaging, FNAC and Biopsy.

Case Report

Female, 40 yrs presented with nodular, progressively increasing parietal lump on anterior abdominal wall in periumbilical region.

It was firm, likely underneath rectus muscle, 4 cmx 3cm in size, fixed and non tender. Inguinal lymph nodes were not palpable. There was no hepatosplenomegaly, nor icterus. No other lumps of similar nature were detected elsewhere in the body.

USG of abdomen revealed.. large thick walled cystic lesion with intracystic trabeculations & flaky opacities, in rectus abdominis muscle.

No calcification was seen. (Fig. 1)

FNAC yielded few drops of clear watery fluid (Fig. 2)

Smears (Leishman Giemsa)revealed.. Fibrillary amorphous material (likely parasitic elements/tegument layer), inflammatory cells, and occasional ill formed microgranuloma (Fig. 3).

A provisional diagnosis of Myocysticercosis was made.

Excision biopsy confirmed the cytodagnosis, evidenced by intramuscular cyst with cysticercal scolices, and granulomatous inflammation (Fig 4 & Fig 5)..

EIA for Tenia solium IgG was Positive (S/CO =2.37) (Interpretation.

S/CO... Less than 1.0: Negative

S/CO.... More than 1.0 : Positive).

A course of Albendazole was administered.

Patient recovery was uneventful.

There was no recurrence till date.



Fig-1: USG findings



Fig-2: Watery Fine Needle Aspirate

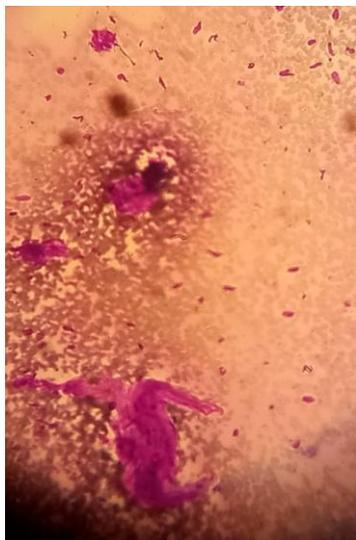


Fig-3: FNAC smears

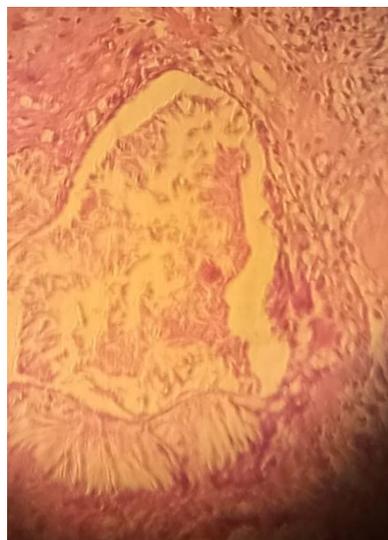


Fig- 4 : HPE with scolices

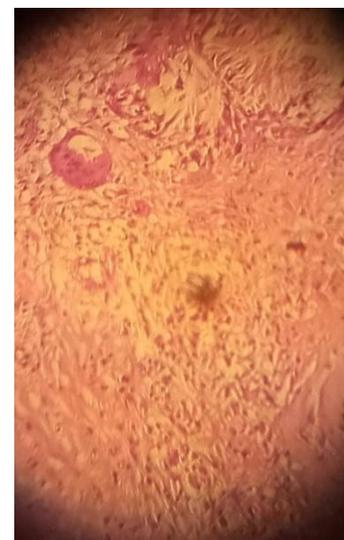


Fig- 5: Granuloma.

Discussion

Cysticercosis is a systemic disease caused by ingestion of larval form of *Taenia solium* (Pork tapeworm). Human is the intermediate host, who acquire cysticercosis by ingestion of food, or water contaminated with taenia eggs, poor hygiene (autoinfection /feco-oral route), or by reverse peristalsis from guts.

Ingested larvae converted to oncospheres penetrate gut wall and reach different tissues through blood stream.

In tissues, these form cystic lesions with fibrous wall, contain scolices and often show granulomatous inflammation and calcification.

Conclusion

Soft tissue cysticercosis is a common and treatable entity.

It presents as a differential diagnosis of other soft tissue tumors, notably neurofibroma, schwannoma, dermatofibroma (fibrohistiocytic tumours), myofibroblastic tumors and other spindle cell neoplasms.

Sheet anchor to diagnosis is the High index of suspicion.

FNAC, aided by imaging modalities, is virtually diagnostic. Biopsy is confirmatory.

The case is reported for its classical presentation, and typical cytological, histopathological and imaging findings.

Management includes oral administration of Albendazole & Praziquantel, and surgical excision, as applicable.

Conflicts of Interest: None.

References

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