



2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

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JIM MEDICAL COLLEGE, DAVANGERE**

PRESENTER- Dr Wasima, PG resident

BACKGROUND

- A 14yr old male
- **C/O:** Fever x 3 days
Vomiting x 1 episode
Convulsion x 1 episode (GTCS) ass. with up rolling of eyes, lasting for 5 mins & self aborted F/b Altered sensorium x 1 day
- No H/O headache, giddiness, trauma.
- No known comorbidity. No significant past history.
- **Birth history, Developmental history & Immunization history:**
AGA, FTNVD, Cried immediately after birth, No NICU stay.
Immunized up to date Attained all milestones at appropriate age

- **General examination:**

GCS: 9/15

CNS: Neck rigidity

RS, CVS, P/A : Normal

Vitals: WNL

- **Blood Ix:** CBC: Normal, Total count :6860 cells/cumm

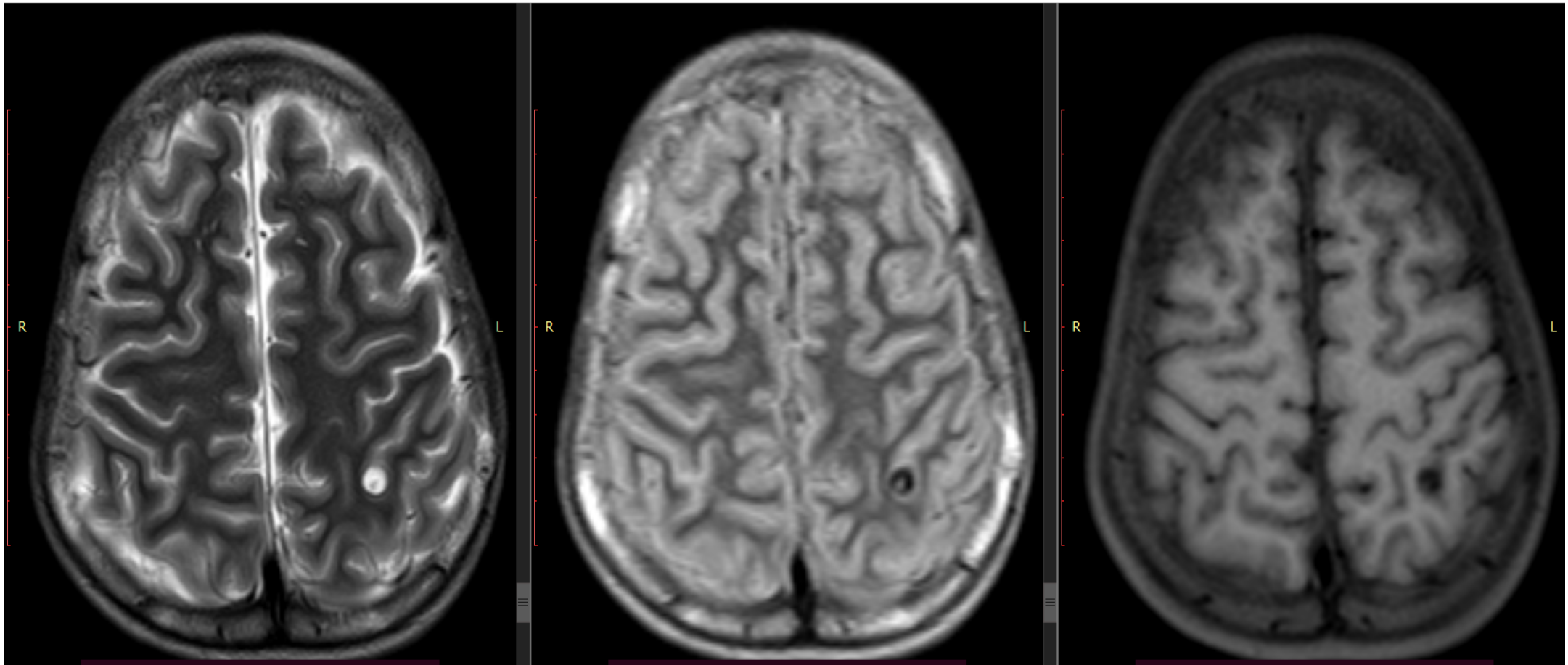
CRP : 279 mg/L (raised)

- **CSF ANALYSIS:** Cell count:115 cells/cumm,

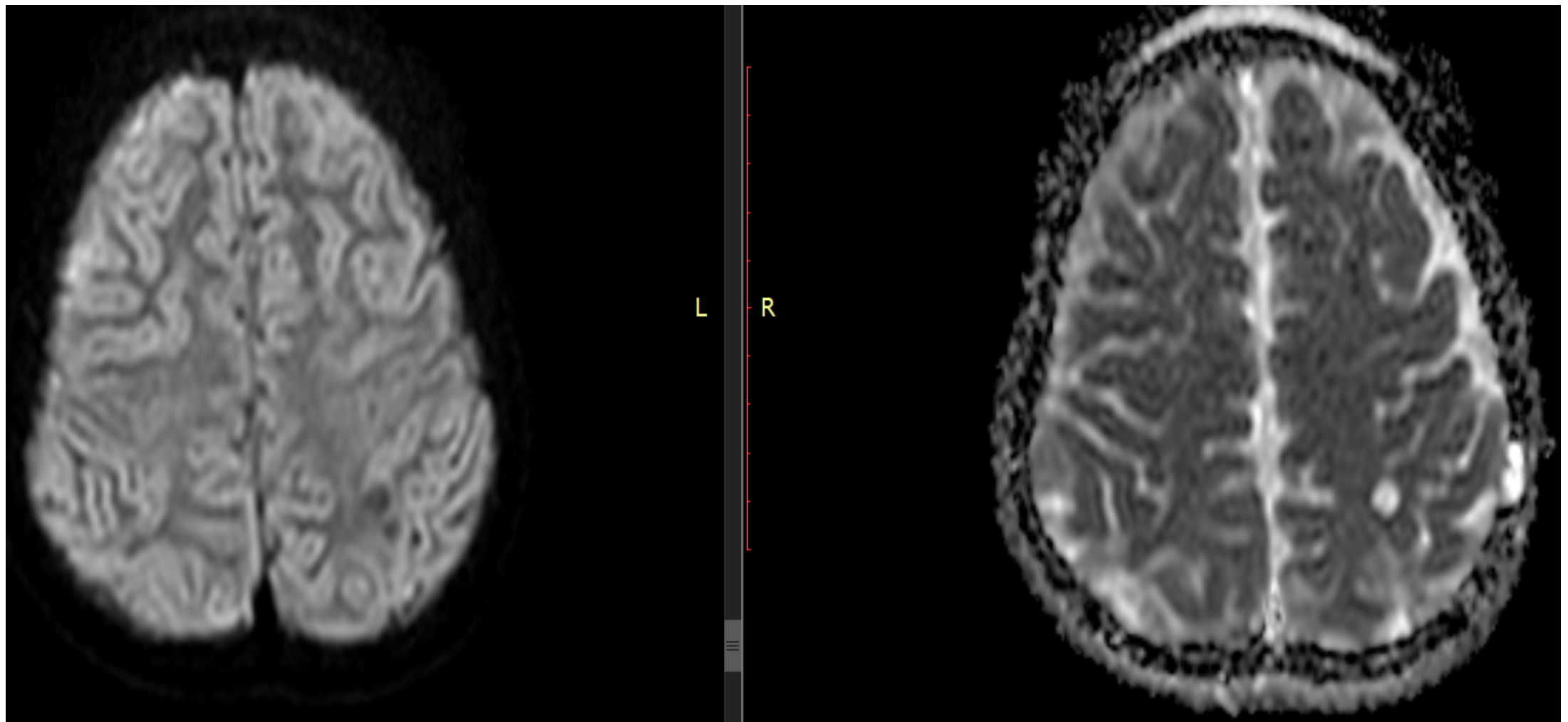
CSF protein: >300 mg/dl (normal : upto 60)

Glucose: <20 (normal: 40-70)

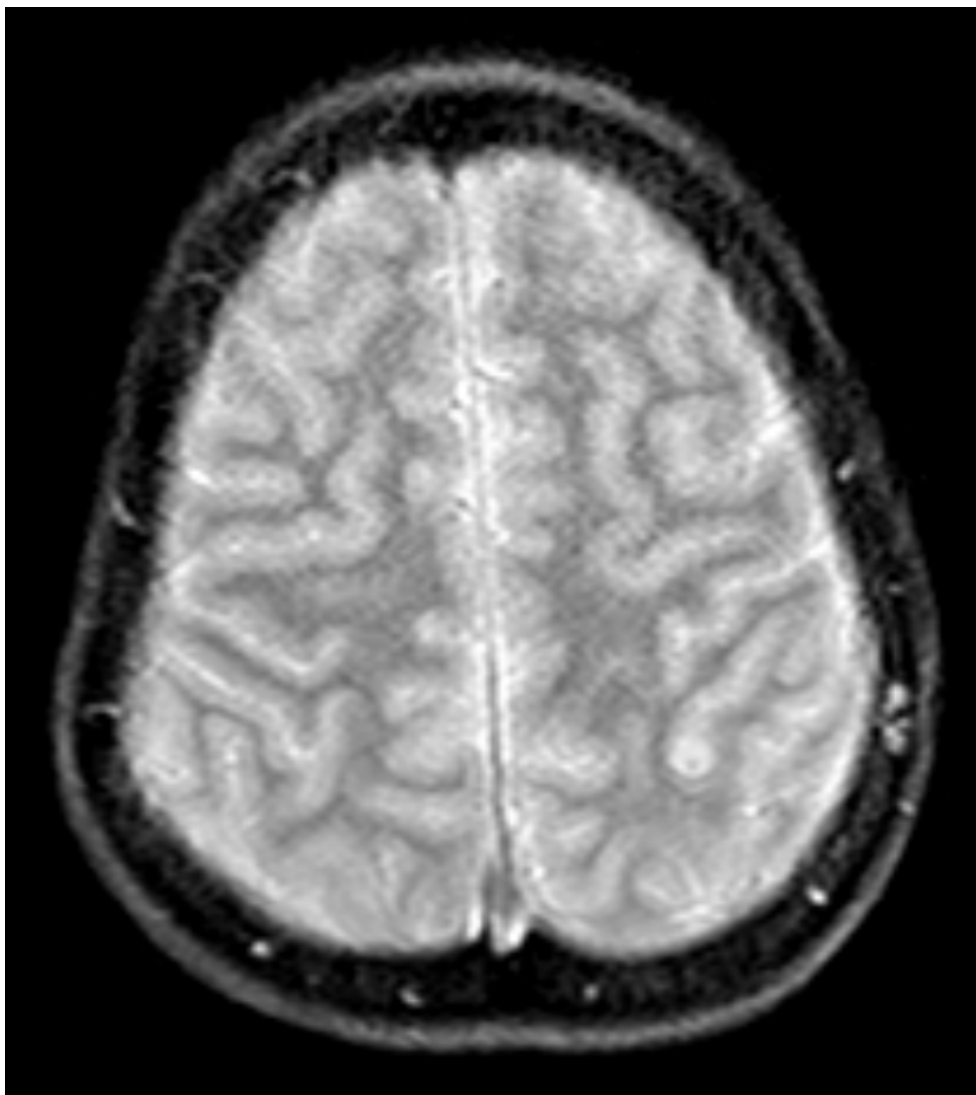
Chloride: 106 mmol/L (normal: 123-135)



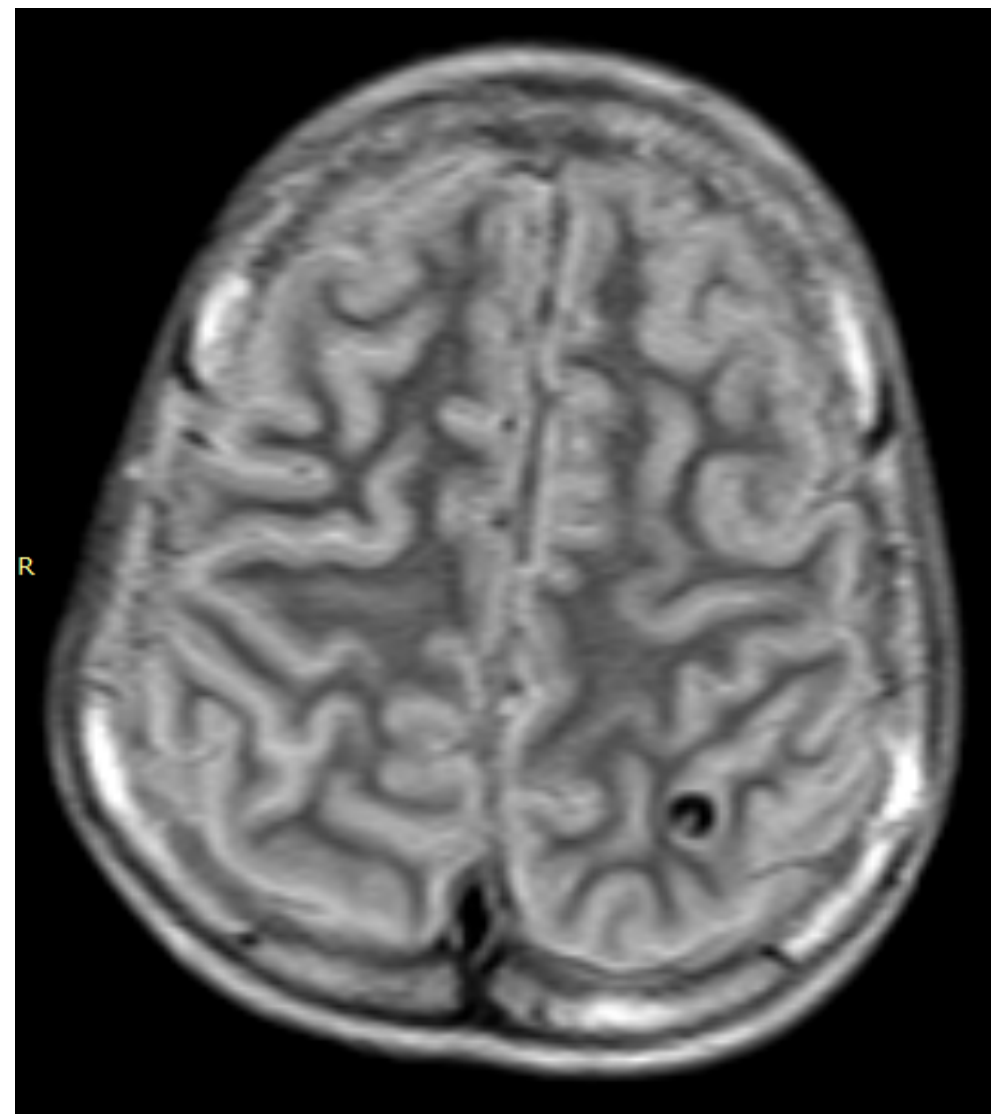
A well defined subcentimetric sized, cystic lesion noted at grey white matter junction which are T2 hyperintense, suppressed on FLAIR and T1 hypointense with a tiny T1 hyperintense focus within, noted in the left high parietal lobe measuring 1x0.6cm. The lesion shows no perilesional edema.



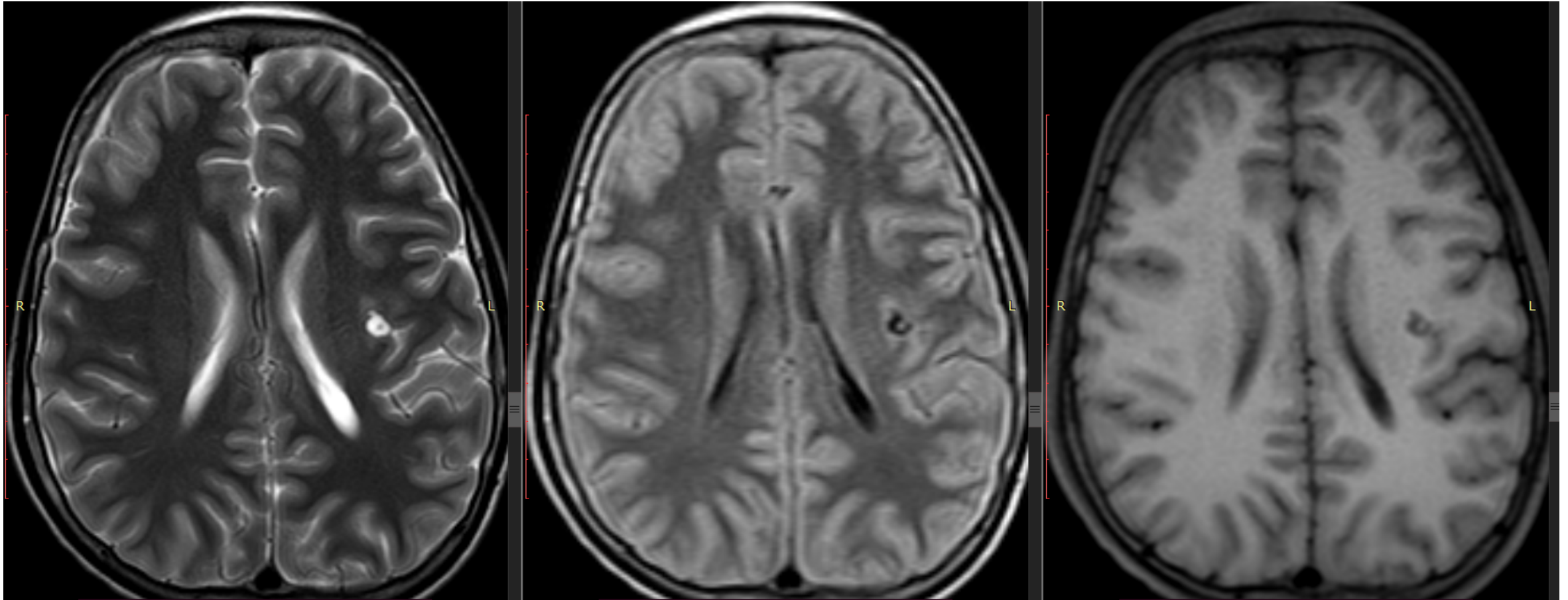
DWI and ADC: The lesion is not showing diffusion restriction.



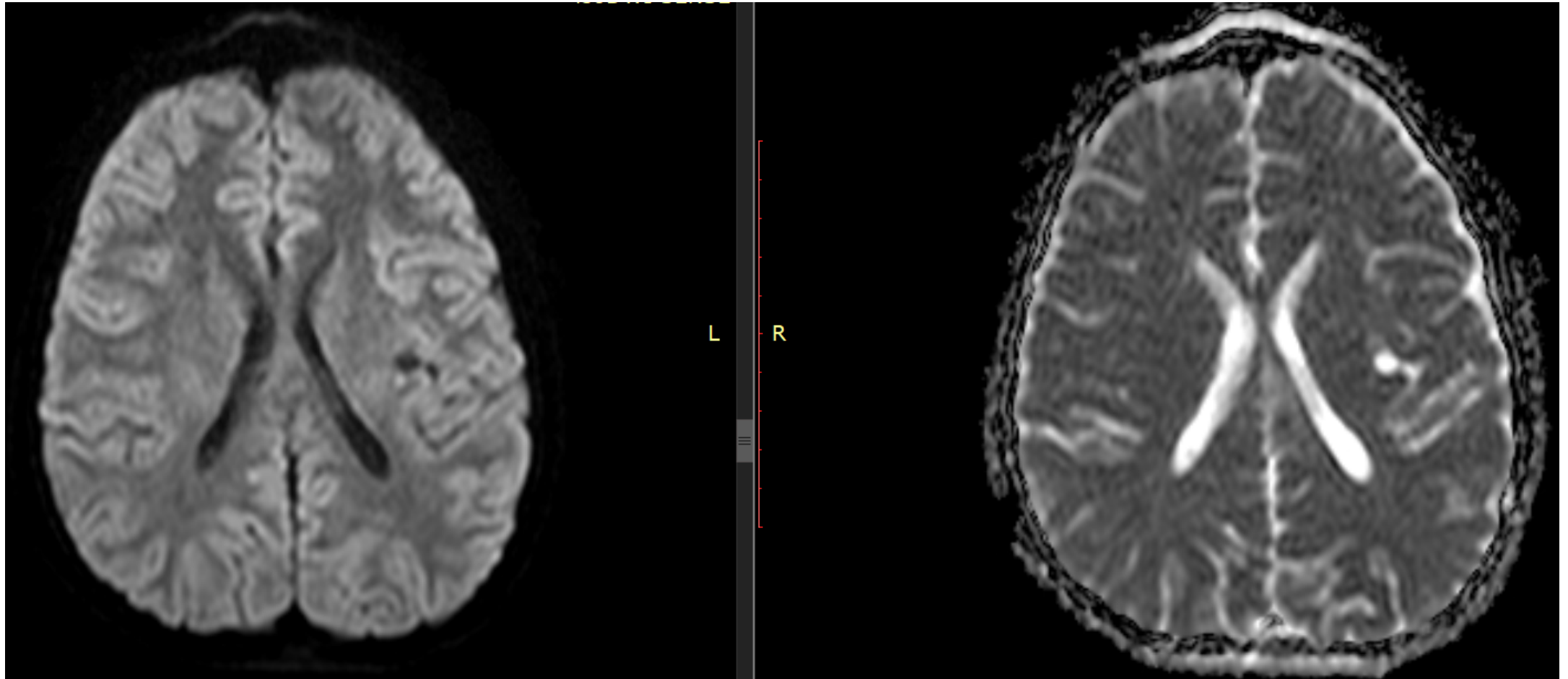
GRE: The lesion shows no blooming.



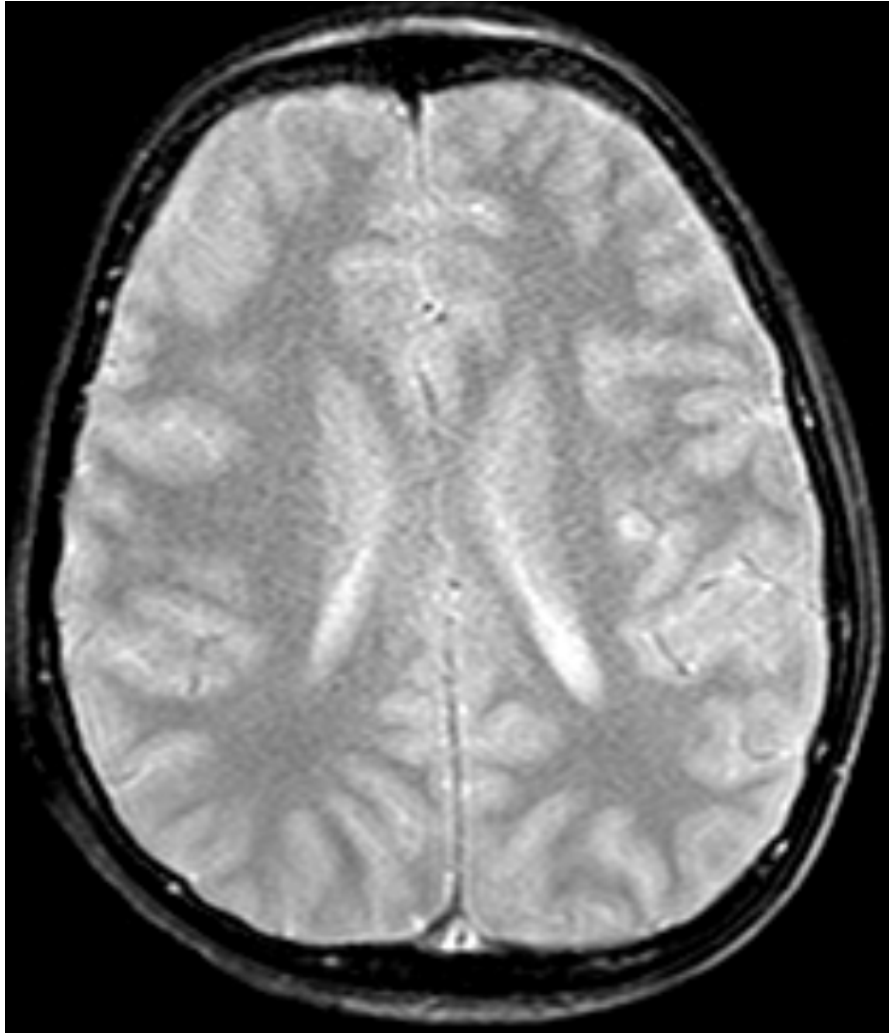
Post-contrast study: No enhancement



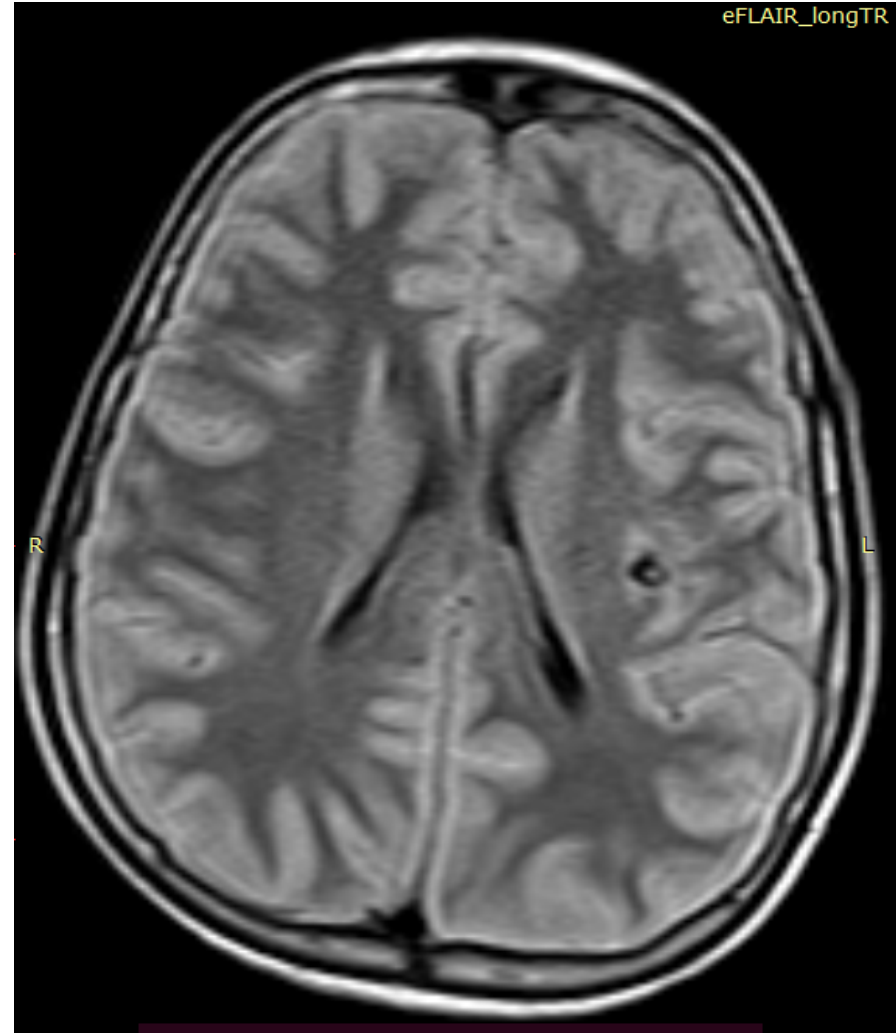
Similar lesion at the left corona radiata which is T1 hypointense, T2 hyperintense and suppressed on FLAIR. This lesion is, however, showing minimal surrounding edema.



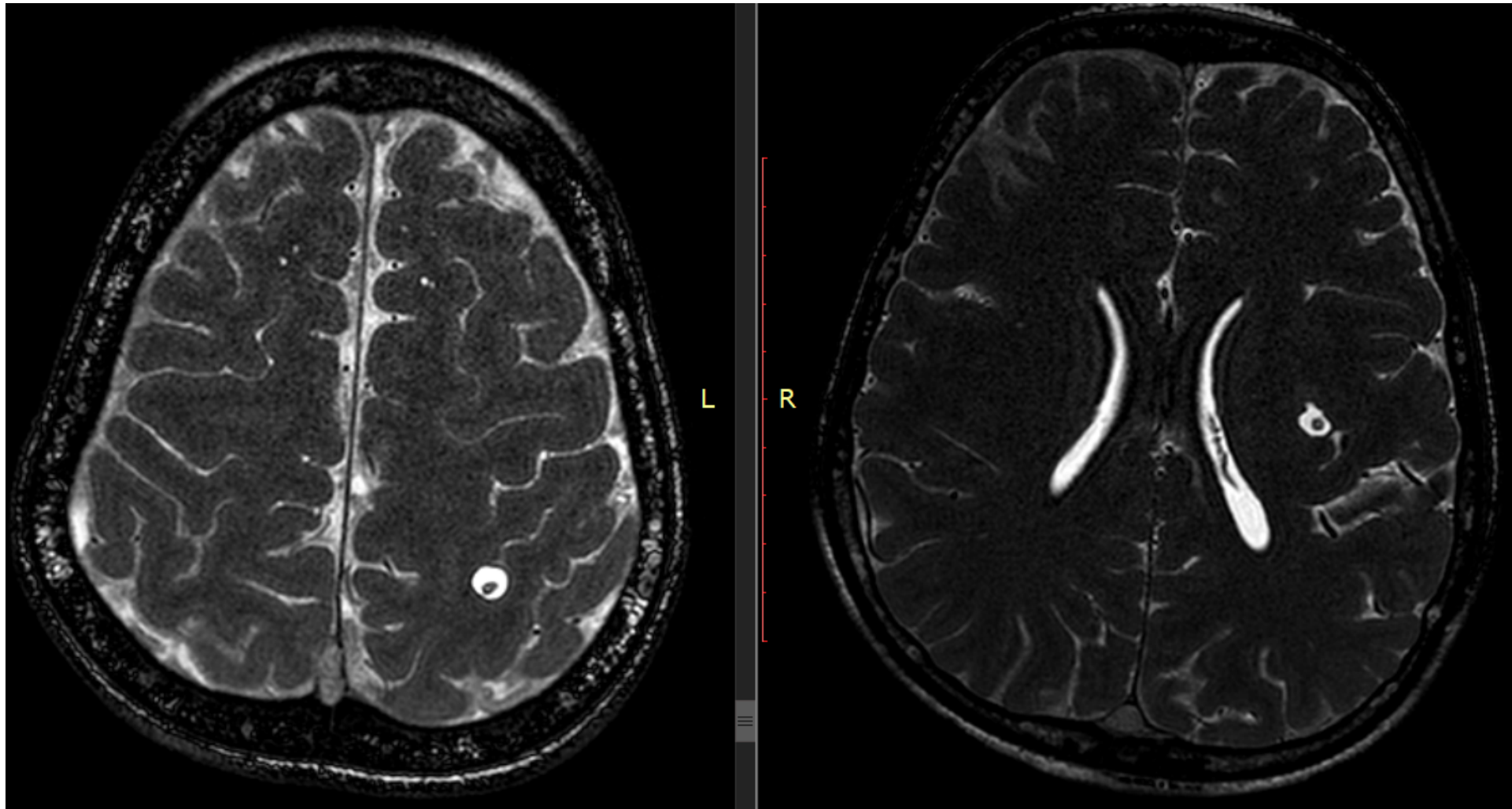
DWI and ADC: The lesion is not showing diffusion restriction on DWI.



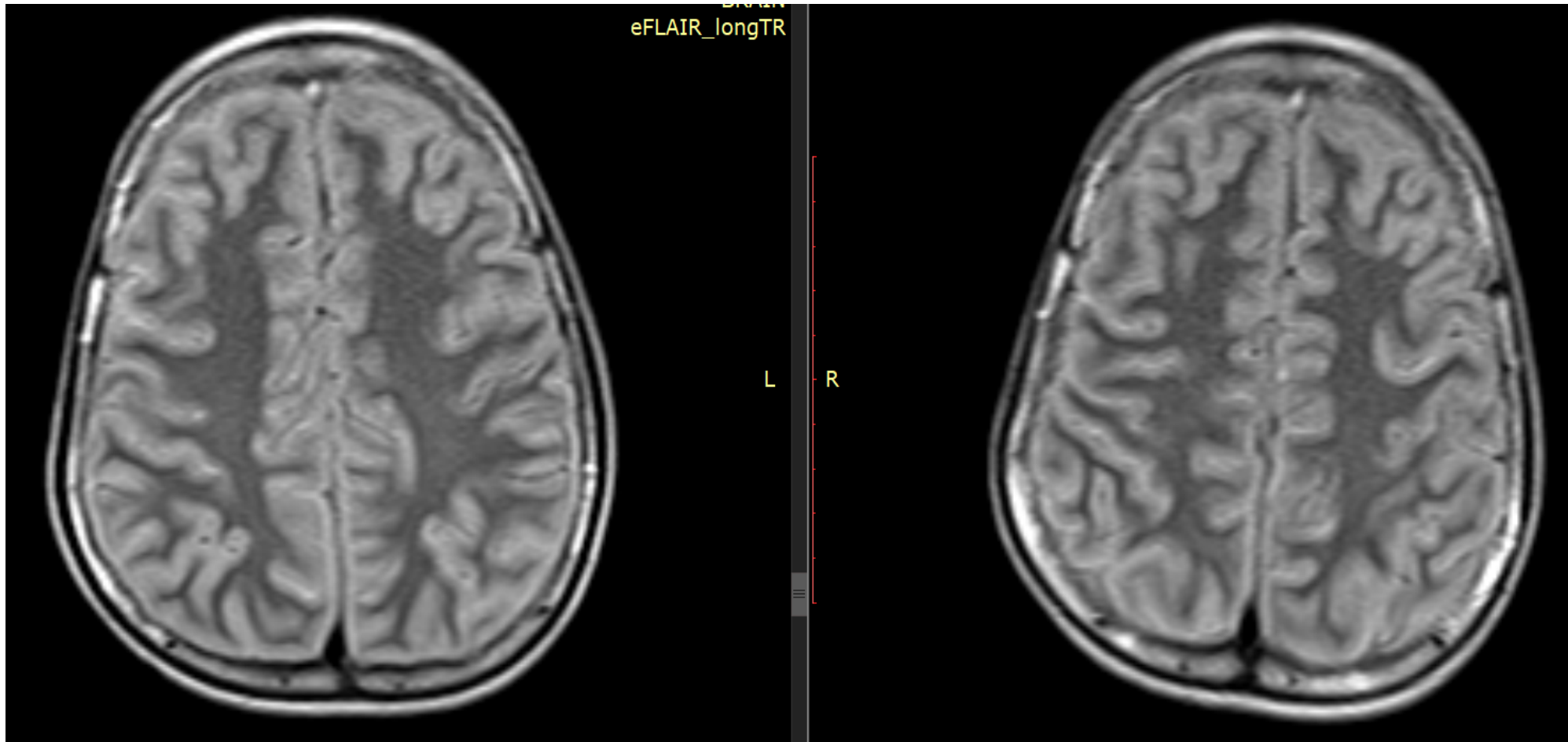
GRE sequence: No blooming



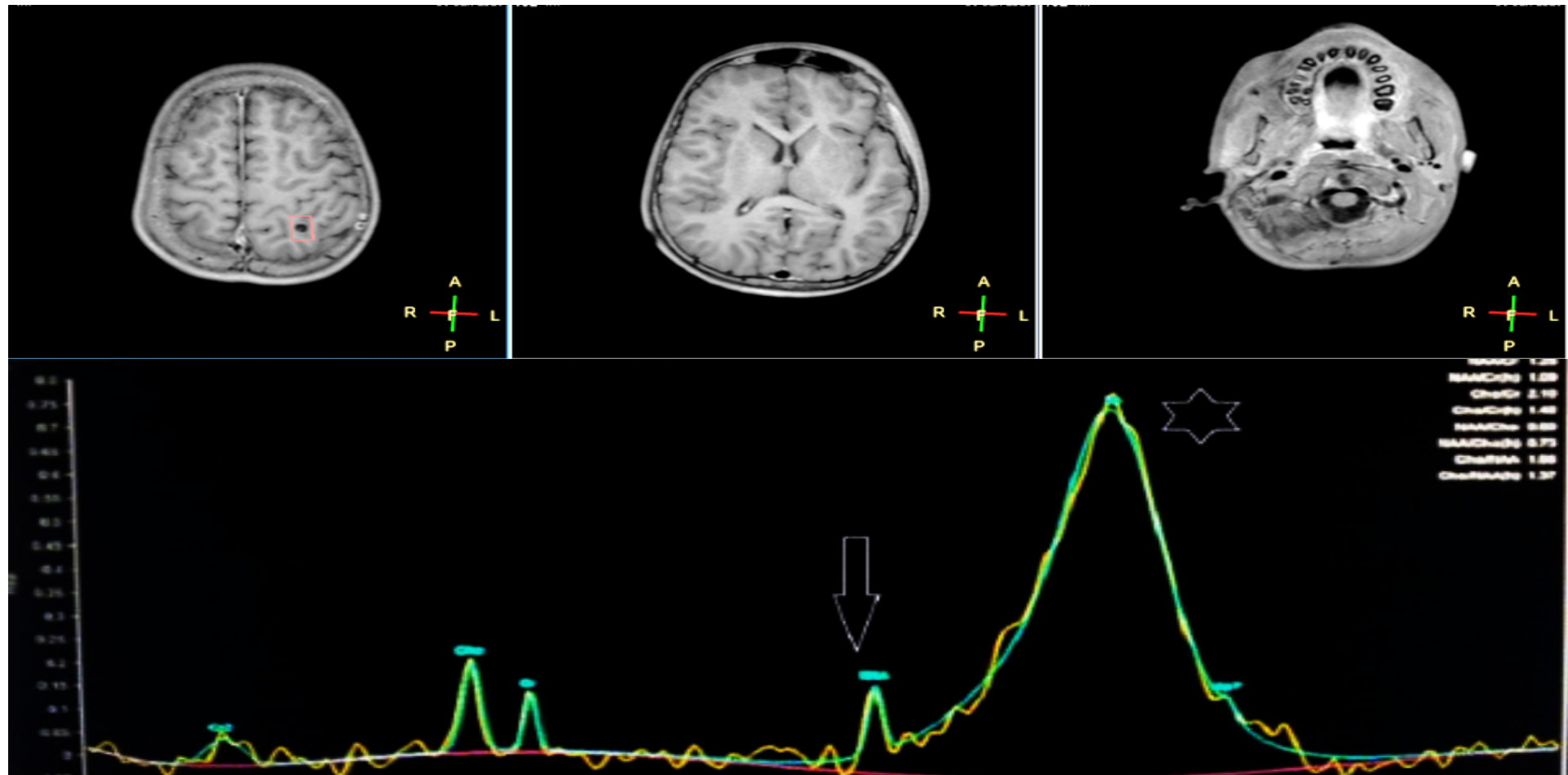
Post contrast study: No enhancement



CISS sequences: Eccentrically placed scolex better appreciated.



FLAIR Pre and post contrast axial section images: Sulcal hyperintensities with post-contrast enhancement in bilateral cerebral hemispheres predominantly fronto-parietal region– s/o Leptomeningitis



On MRS: Amino acid peak noted(acetate/succinate)

IMPRESSION

- Two well defined cystic lesions with scolex within at grey white matter junction of left corona radiata and left high parietal lobe as described
 - S/o Neurocysticercosis
- Left corona radiata: Colloidal vesicular stage of Neurocysticercosis.
- Left high parietal lobe : Vesicular stage of Neurocysticercosis.
- FLAIR sulcal hyperintensities with post-contrast enhancement noted in bilateral cerebral hemispheres predominantly fronto-parietal region
 - S/o Leptomeningitis

FOLLOW UP:

Patient improved with anticysticidal drug therapy- Albendazole.

THANK
YOU