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Recurrent oculomotor nerve palsy: A rare presentation of neurocysticercosis

Sir,

A non-diabetic, non-hypertensive, 34-year-old male presented with sudden onset of complete ptosis of left eye and partial ptosis of right eye of one day duration. He denied diplopia, headache, orbital pain, visual impairment or any weakness of body. Three months ago, he had similar symptoms, which recovered spontaneously by the fourth day. On examination, there was complete ptosis on the left side and partial ptosis on the right side. There was no nystagmus. The left pupil was larger than the right (5.5mm vs. 3.5mm) and both pupils were non-reactive to light and accommodation. No afferent pupillary defect was present. Funduscopy revealed no abnormality. Left eye movement was limited to abduction and intorsion on attempted downward gaze. The right eye was moving fully except in the direction of the superior rectus muscle. The rest of the neurological examination was also normal. Magnetic resonance imaging (MRI) of the brain revealed single ring enhancing lesion (11.6 x 9.7 x 11.1 mm) with perifocal edema and the central part of the lesion containing fluid (hypointense on T1W1 and hyperintense on T2W2) at the tegmentum of the left midbrain (Figure 1). The rest of the brain parenchyma, ventricular system and subarachnoid space was normal. The biochemical and cytological examination of CSF revealed protein of 50mg%, sugar of 40mg%, and 9 cells, all lymphocytes. Polymerase chain reaction (PCR) analysis of mycobacterium DNA was negative both in CSF and serum. Enzyme-linked immunosorbent assay (ELISA) for cysticercus was positive both in CSF and serum. X-Ray chest, thigh and arm were normal. The patient was treated only with edema-lowering agents and he recovered in his symptoms on the sixth day. Follow-up CT scan at four months revealed complete resolution of the granuloma. At one-year follow-up, the patient was completely asymptomatic.

The case demonstrates that midbrain cysticercosis may present with recurrent episodes of unilateral or bilateral third cranial nerve affection.


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Thoracic neurenteric cyst in a 60 year old male

Sir,

Neurenteric cysts are congenital intraspinal cysts. They are rare, particularly in the sixth decade of life. The cyst may remain undiagnosed for a long time or may be misdiagnosed. A case of isolated high thoracic neurenteric cyst in a 60-year-old male is discussed. The patient presented with a thoracic back pain, which worsened in the last two years. The pain was located in mid-scapular region and it radiated anteriorly and...