

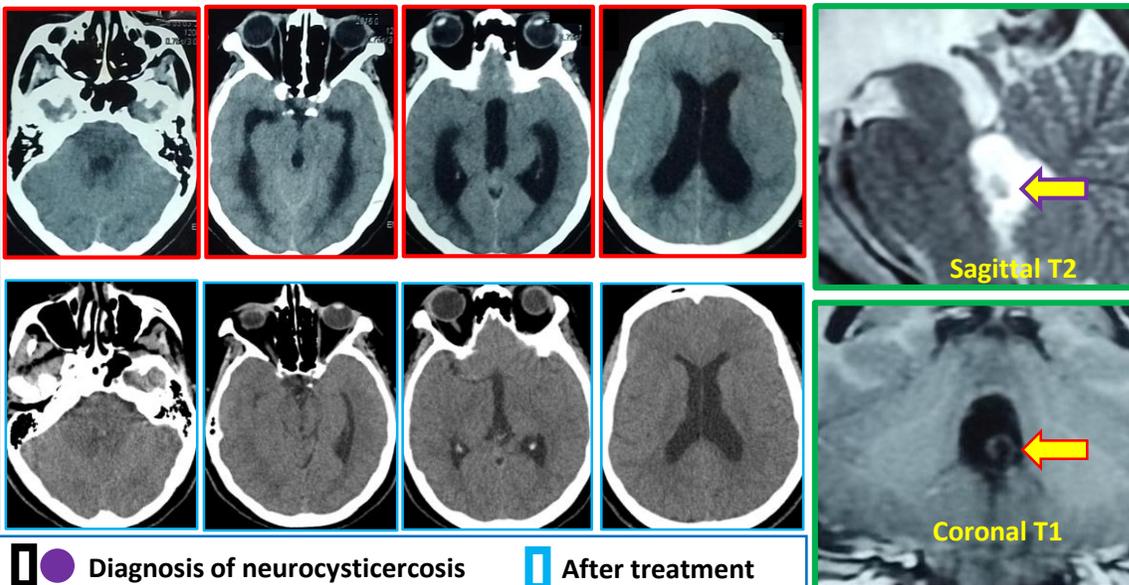
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Introduction and objectives: Neurocysticercosis (NCC) is the most common helminthic disease of the nervous system. It can present with epileptic seizures, focal deficit, cognitive impairment and headaches. The latter usually occur in the context of intracranial hypertension associated with multiple cystic lesions of the brain parenchyma or giant cysts. We present a clinical case of NCC that debuts as mimic migraine.

Material and methods:

A 22-year-old puerperal patient, a native of Bolivia. She presents with throbbing hemicranian headache, with progressive intensity, persistent for a month of evolution. She adds photophobia, sonophobia, nausea and vomiting associated with dizziness and tinnitus. She was refractory to symptomatic treatment.



Absolute criteria (AbsC)	Major criteria (MajC)	Minor criteria (MinC)	Epidemiological criteria (EpiC)	Diagnosis
Histology: visualization of the parasite	Neuroimaging: lesions highly suggestive of NCC	Neuroimaging: lesions suggestive of NCC	Patient's country of origin endemic for NCC	Definitive: ● 1 AbsC <u>OR</u>
Neuroimaging: cysts + scolex ●	Immunological assays: detection of <i>T. solium</i> antibodies ●	Clinical manifestations: symptoms suggestive of NCC ●	Patient currently resides in NCC endemic area	Probable: 1 MajC + 1 MinC <u>OR</u>
Fundoscopy: subretinal parasites	Cystocidal drug therapy: lesion resolution ●	CSF ELISA: positive detection of <i>T. solium</i> antibodies or antigens Evidence of cysticercosis outside the CNS	Patient frequently travels to endemic areas Patient household has had contact with <i>T. solium</i> infection	1 MajC + 1MinC + 1 EpiC <u>OR</u> 3 MinC + 1 EpiC

 Before treatment  Diagnosis of neurocysticercosis  After treatment

Results: Hydrocephalus is observed in the computed tomography of the brain. Lumbar puncture was performed: cerebrospinal fluid with physicochemical and negative cultures. Serology for cysticercosis: positive. Magnetic resonance imaging of the brain: cystic image with nodular formation inside in topography of the 4th ventricle. It is interpreted as compatible with NCC. Treatment with intravenous corticosteroids and oral albendazole was started, with a favorable clinical response and imaging resolution.

Conclusion: A case with secondary to a NCC headache is presented, mimicking a migraine, fulfilling the IHS criteria for this entity.

Bibliography: International classification of headaches (ICHD-III), Infectious headache; Zammarchi, L. (2017) Screening, diagnosis and management of human cysticercosis and *Taenia solium*, *Tropical Med. Int. Health* 22: 881–894, FABRICE CHRÉTIEN (2020). Infections of the Central Nervous System: Pathology and Genetics (48: 478-480); Escobar, A. (1985). Neuropathologic findings in neurocysticercosis. *Arch. Neurobiol.* (48: 151–156); Mahale, R.R.(2015). Extraparenchymal (Racemose) neurocysticercosis. *Clin. Neurol.* 11: 203–211; Coyle, C.M. (2014). Neurocysticercosis: an update. *Curr. Infect. Dis. Rep.* 16: 437; Lerner, A. et al. (2012). *Clin. N. Am.* 22: 659–676