Cerebellopontine angle cysticercosis

Intracranial cysticercosis involving the cerebellopontine angle (CPA) is rare [1)]

Song et al. report a patient with intracranial cysticercosis in the left CPA; the initial diagnosis of the lesion was epidermoid cyst or cystic glioma. The patient subsequently underwent total lesion removal through a left suboccipital approach; however, postoperative histopathological examination showed the tumor to be an intracranial cysticercosis. The patient's symptoms improved dramatically after microsurgery and praziquantel administration. Rare infection caused by cysticercosis involving the CPA should be highlighted in the differential diagnosis of intracranial space-occupying lesions [2)].

Revuelta et al. present a case of a 59-year-old woman with an 8 months history of lancinating pain and hyphestesia on the right side of the face along with hearing impairment. She had poor tolerance to carbamazepine. A non-enhancing cystic image was observed at the right cerebellopontine angle on magnetic resonance imaging. The patient underwent surgery. Through a right retromastoid minicraniectomy and under microscopic magnification the VII and VIII cranial nerve complex was found involved by multiple adhesions around a cysticercus. After the cyst was removed a loop of the anteroinferior cerebellar artery was identified compressing the V right nerve at its root entry zone. Decompression was performed by the insertion of a Teflon implant. The postoperative course was uneventful and trigeminal neuralgia (TN) disappeared after surgery. Five previous cases of cranial nerve hyperactive dysfunction syndromes, four of trigeminal neuralgia and one of hemifacial spasm associated to cerebellopontine angle cysticercosis are briefly commented. The authors suggest that in some of these cases microvascular compression was probably present, and during surgery of cerebellopontine angle cysticercus by either trigeminal neuralgia or hemifacial spasm, vascular compression must be carefully searched and treated when found [3)].

1)
SILVEIRA A, ROBORTELLA M, MAFFEI WE. [Clinical picture of the orbital lobe with cerebellar crises. Cysticercosis racemosus of the cerebellopontile angle]. Ann Neuropsichiatr Psicoanal. 1960 Jun;18:152-65. Portuguese. PubMed PMID: 13854817.

2)
Song L, Guo F, Ma S, Song Z, Wu L, Sun H. A rare presentation of intracranial cysticercosis involving the cerebellopontine angle. J Clin Neurosci. 2013 Jun;20(6):892-4. doi: 10.1016/j.jocn.2012.05.046. Epub 2013 Mar 7. PubMed PMID: 23477872.

3)
Revuelta R, Soto-Hernández JL, Vales LO, González RH. Cerebellopontine angle cysticercus and concurrent vascular compression in a case of trigeminal neuralgia. Clin Neurol Neurosurg. 2003 Dec;106(1):19-22. PubMed PMID: 14643911.