The fox tapeworm Echinococcus multilocularis causes human alveolar echinococcosis, commonly affecting the liver. However, in ~1% of cases, systematic spread of the disease involves the brain as well. A patient had a 6-year history of liver and lung alveolar echinococcosis that was considered not suitable for surgery, and treatment with albendazole was introduced. After the appearance of neurologic disturbances, an intracranial mass lesion was demonstrated by radiologic imaging. The lesion was surgically removed, and histologic analysis revealed metacestode tissue of E. multilocularis . Despite the surgical resection of the lesion, the patient died of progression of systemic alveolar echinococcosis. The authors highly recommend implementing neurologic monitoring to the follow-up algorithm for patients with systemically disseminated alveolar echinococcosis. When neurologic symptoms occur, radiologic imaging of the brain should be obtained immediately. Surgery should be considered for all intracranial echinococcal lesions, unless the lesion is located in the eloquent brain area [1)].

1)
Kvascevicius R, Lapteva O, Awar OA, Audronyte E, Neverauskiene L, Kvasceviciene E, Sokolovas V, Strupas K, Marcinkute A, Deplazes P, Müllhaupt B. Fatal Liver and Lung Alveolar Echinococcosis with Newly Developed Neurologic Symptoms due to the Brain Involvement. Surg J (N Y). 2016 Sep 4;2(3):e83-e88. doi: 10.1055/s-0036-1592122. eCollection 2016 Jul. PubMed PMID: 28824996; PubMed Central PMCID: PMC5553476.