Neurocysticercosis Treatment

Treatment is the surgical removal of the intact cyst. Every effort must be made to avoid rupturing these cysts during removal, or else the scoleces may contaminate the adjacent tissues with possible recurrence of multiple cysts or allergic reactions. May use adjunctive medical treatment with albendazole (Zentel®) 400 mg PO BID (pediatric dose: 15 mg/kg/d) × 28 days, taken with a fatty meal, repeated as necessary [1].

Microsurgery is an optional way to treat parenchymal neurocysticercosis.

Ou et al. report 20 cases of cerebral parenchymal cysticercosis.

All head segments found in cysticercus cysts were removed completely. Total resection of the cystic wall was achieved in 16 cases and subtotal resection in 4 cases. Twelve patients recovered from intracranial hypertension soon after the operation. No novel complications or deaths occurred postoperatively. The patients were followed up for 3 months to 10 years; among them, 14 patients who had epilepsy before surgery were markedly improved and controlled, 4 of 5 patients recovered from hemiparesis within 6 months after surgery, and 2 patients with cerebellar ataxia showed improvement. Two patients were lost to follow-up.

Despite a high rate of misdiagnosis of cerebral parenchymal cysticercosis, microsurgery is associated with satisfactory clinical outcomes in appropriately selected patients [2].

Corticosteroids should be used in all patients. May temporarily relieve symptoms, and may help decrease edema that tends to occur initially during treatment with anthelmintic drugs. If possible, start 2–3 d before anthelmintics (e.g. dexamethasone 8 mg q 8 hours [3], on day 3 decrease to 4 mg q on day 3 decrease to 4 mg q 8 hours, and on day 6 change to prednisone 0.4mg/kg per day divided TID. Taper steroids after anthelmintics are discontinued. In patients with symptoms of intracranial hypertension: anthelmintic treatment is started after symptoms subside (usually after 3 doses).

There is no evidence antiparasitic drugs could contribute to improving calcified cysts resolution. Viable and degenerating cysts can promote a severe immunological response and acute episodes should be treated with corticosteroids (e.g. dexamethasone) [4] [5].

✖ Any cysticercocidal drug may cause irreversible damage when used to treat ocular or spinal cysts, even with corticosteroid use.

1)
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