

Abstract:

Neurocysticercosis is a parasitic infection that primarily infects man through consumption of raw pork. It presents a diagnostic challenge to clinicians world over due to its variable clinical manifestations and the potential to mimic other intracranial lesions [1].

We present a perplexing case of a 47-year-old Sri Lankan female, who had spent 12 years in Lebanon and admitted to Teaching Hospital Peradeniya, Sri Lanka, with a 3-week history of progressively worsening headache, personality changes, and loss of balance. Upon admission, her condition deteriorated rapidly, with severe behavioral changes and delusions.

Initial investigations revealed an elevated white cell count, normocytic normochromic anemia, altered liver functions, and thrombocytosis. Extensive infectious workup, including blood and urine cultures and serological tests, yielded no diagnostic leads. Neuroimaging, including CT and MRI, revealed multiple hypodense lesions in the right frontal lobe, mimicking metastatic brain lesions.

Finally, the diagnosis of Neurocysticercosis, a parasitic infection, was confirmed, likely attributable to her history of pork consumption.

The patient was treated with oral Albendazole, showing remarkable improvement and was discharged in good health following proper counseling. This case serves as a reminder of the diagnostic challenges in distinguishing Neurocysticercosis from other intracranial lesions and highlights the importance of considering parasitic infections in patients with atypical clinical presentations and imaging findings, especially in regions with a higher prevalence of such diseases.