CASO CLINICO

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UNIVERSITÀ
DEGLI STUDI
DI MILANO

- Donna
- 26 anni

Anamnesi patologica remota

- Sindrome dell’egresso toracico (2021)
- Rimozione fibroadenoma mammario (2018)
- Rimozione di formazione melanocitaria (2019)

Epidemiologia

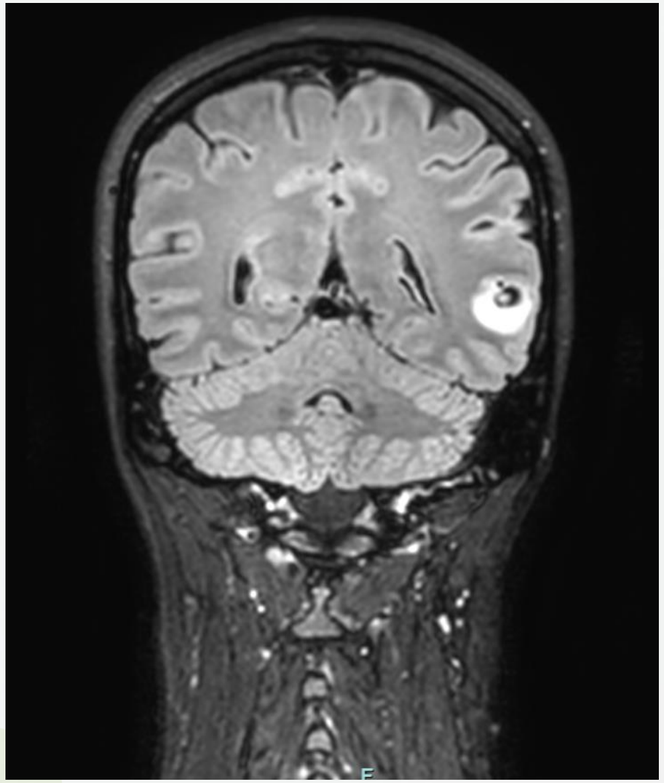
- Nel 2019 viaggio in Ruanda per volontariato
- Dal 25/10/2023 al 05/12/2023 viaggio in India per volontariato

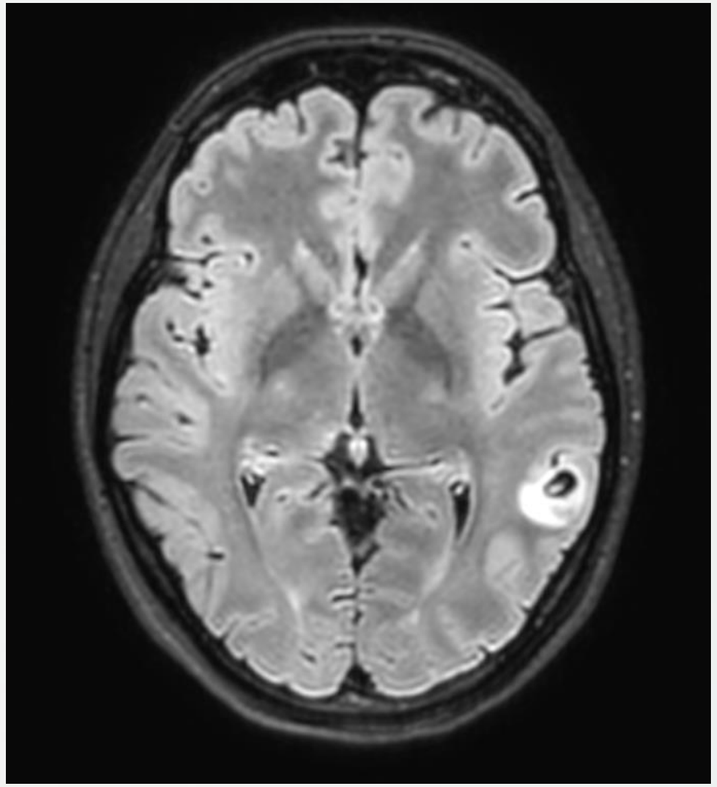
Anamnesi patologica prossima

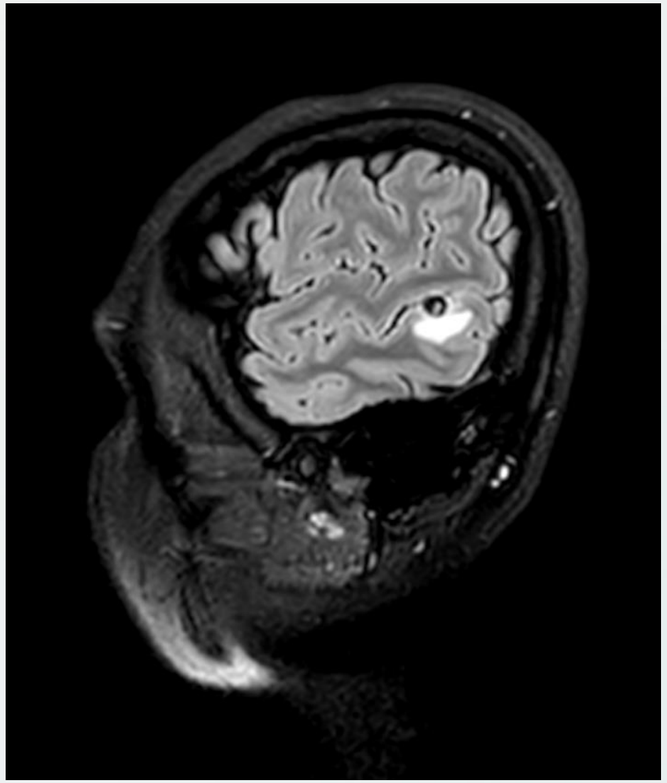
In data 10/06/2024 comparsa di cefalea e afasia a cui seguirono pdc associata a movimenti tonico clonici per cui venivano allertati i soccorsi.

Paziente condotta in PS dove ha eseguito:

- EEC
- Valutazione neurologica e neurochirurgica
- TC encefalo e angio TC
- RMN encefalo







Ricovero neurologia (11/06-28/06)

Discussione multidisciplinare

Approfondimenti diagnostici

Sierologia per Toxoplasma, sierologia per Strongyloides, quantiferon TB, coprocoltura, Rx, HIV Ag-Ab

Sierologia per T. solium

Immunoelctrotransfert blot (EITB)

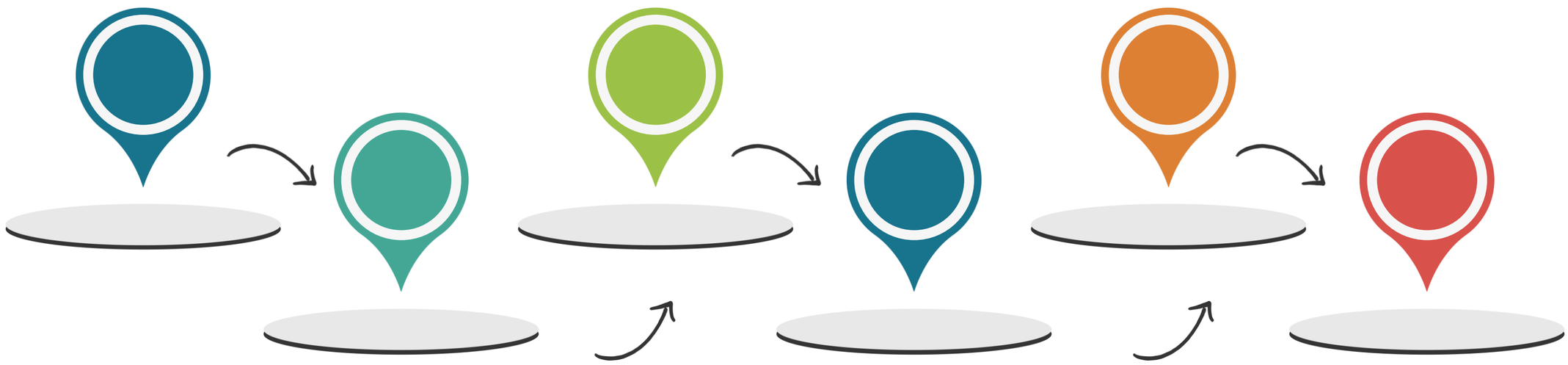
Rx arti inferiori e superiori e valutazione oculistica

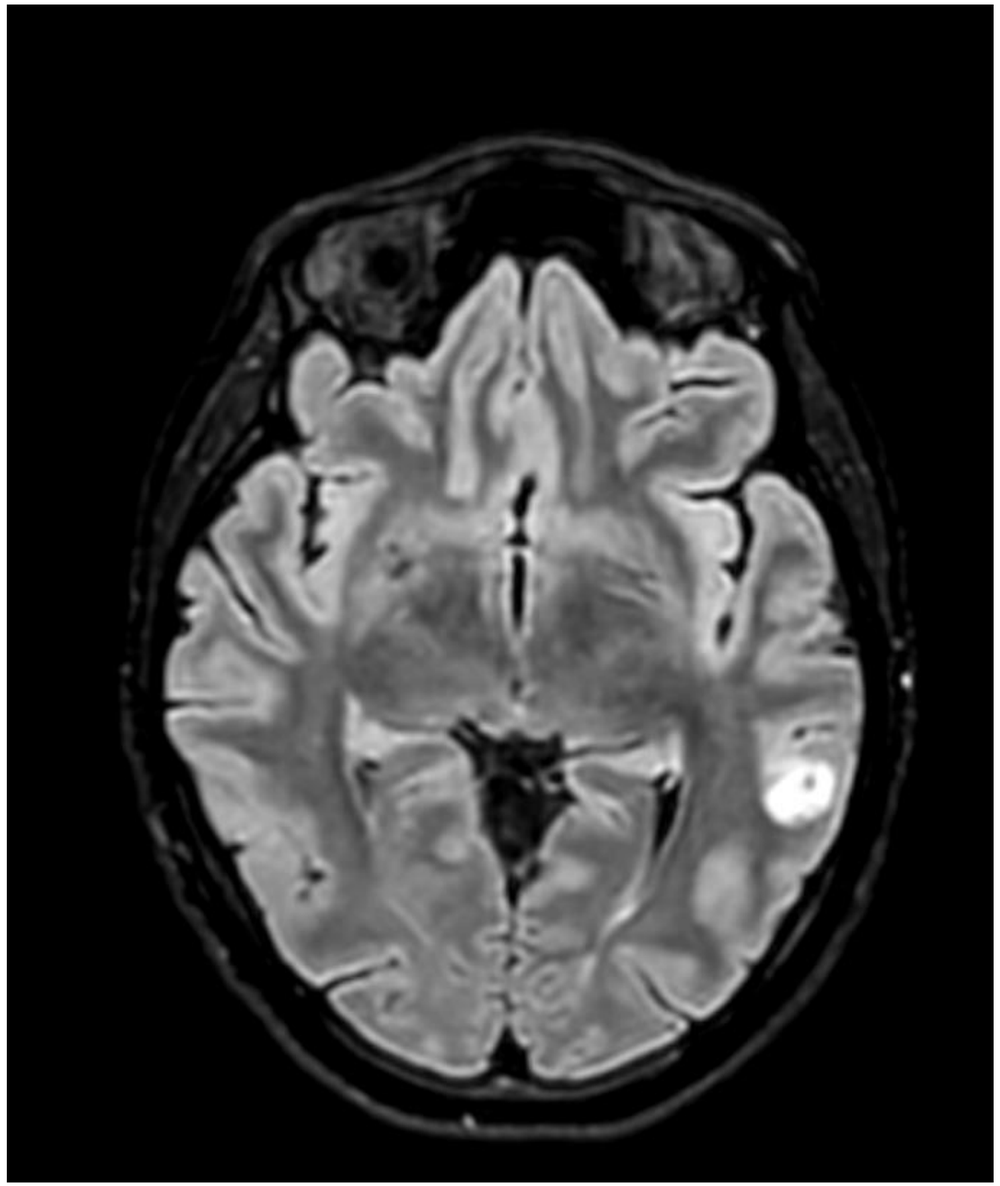
Avvio di terapia

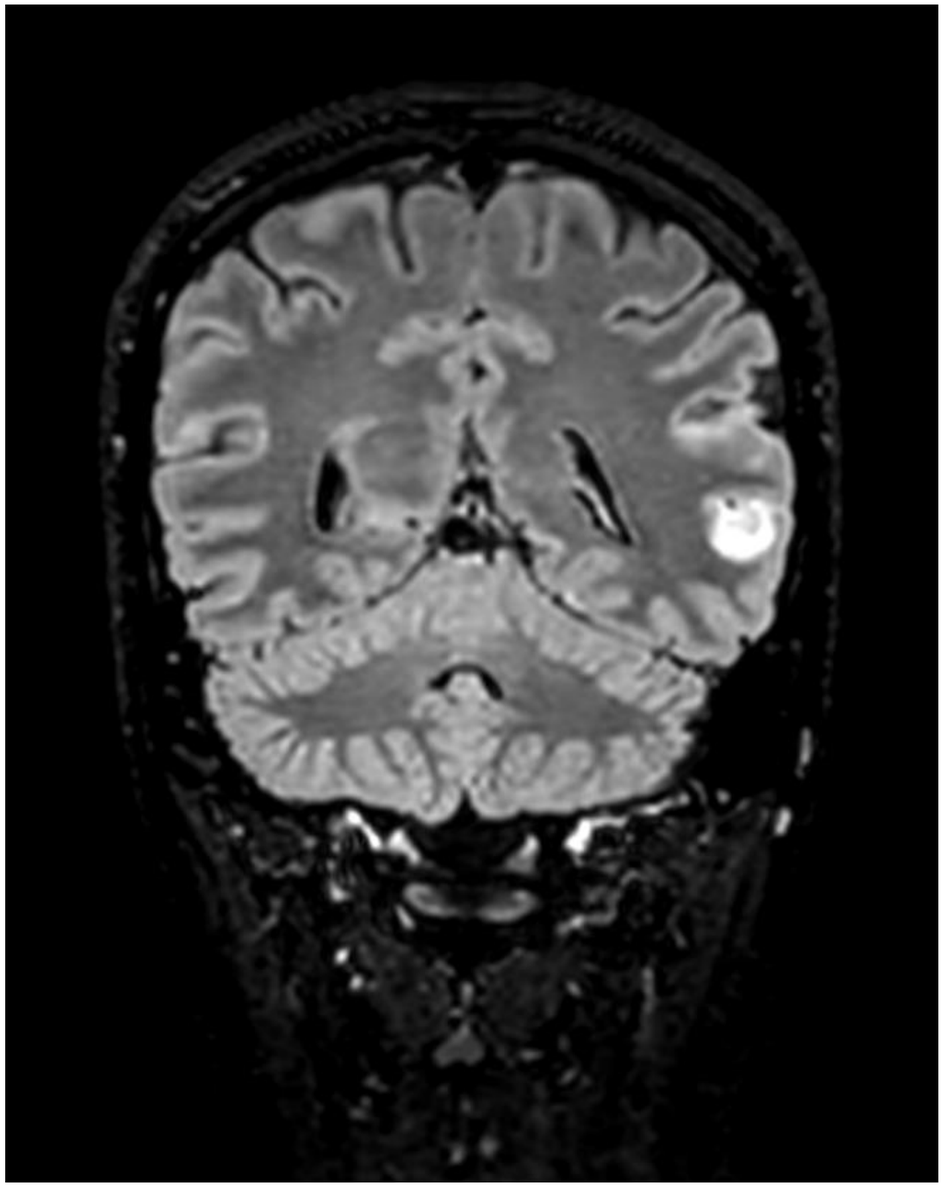
- Prednisone 1mg/kg/die
- Albendazolo 15 mg/kg/die in due somministrazioni

Controllo radiologico

- RMN encefalo 19/07
- RMN encaefalo 10/10







Ricovero Malattie Infettive (09/12-12/12)

Valutazione neurologica

Incremento terapia antiepilettica a 750mg ogni 12h

Valutazione neurochirugica

Non indicazione ad escissione.

Discussione mutidisciplinare

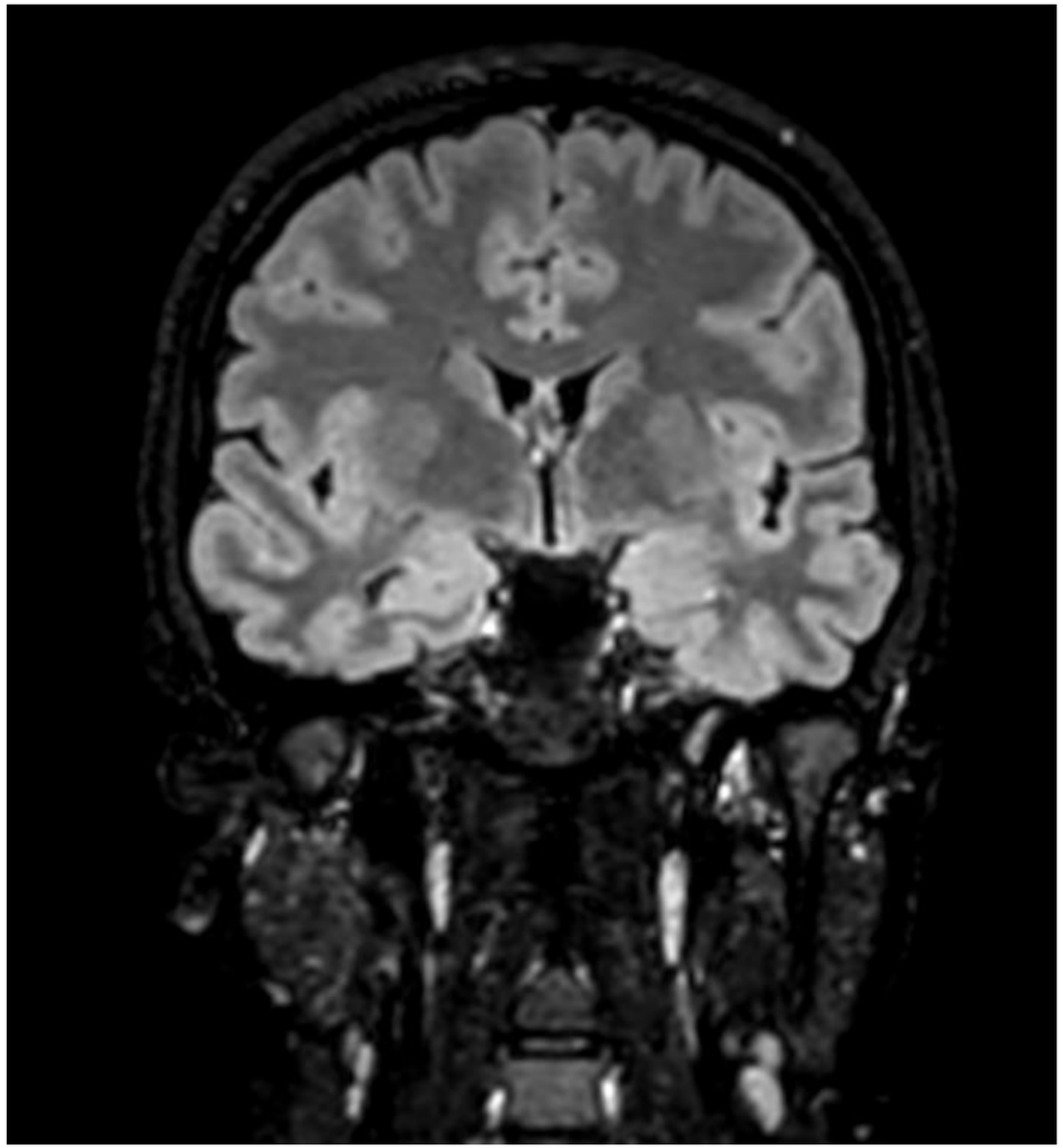
Avvio di terapia corticosteroidea

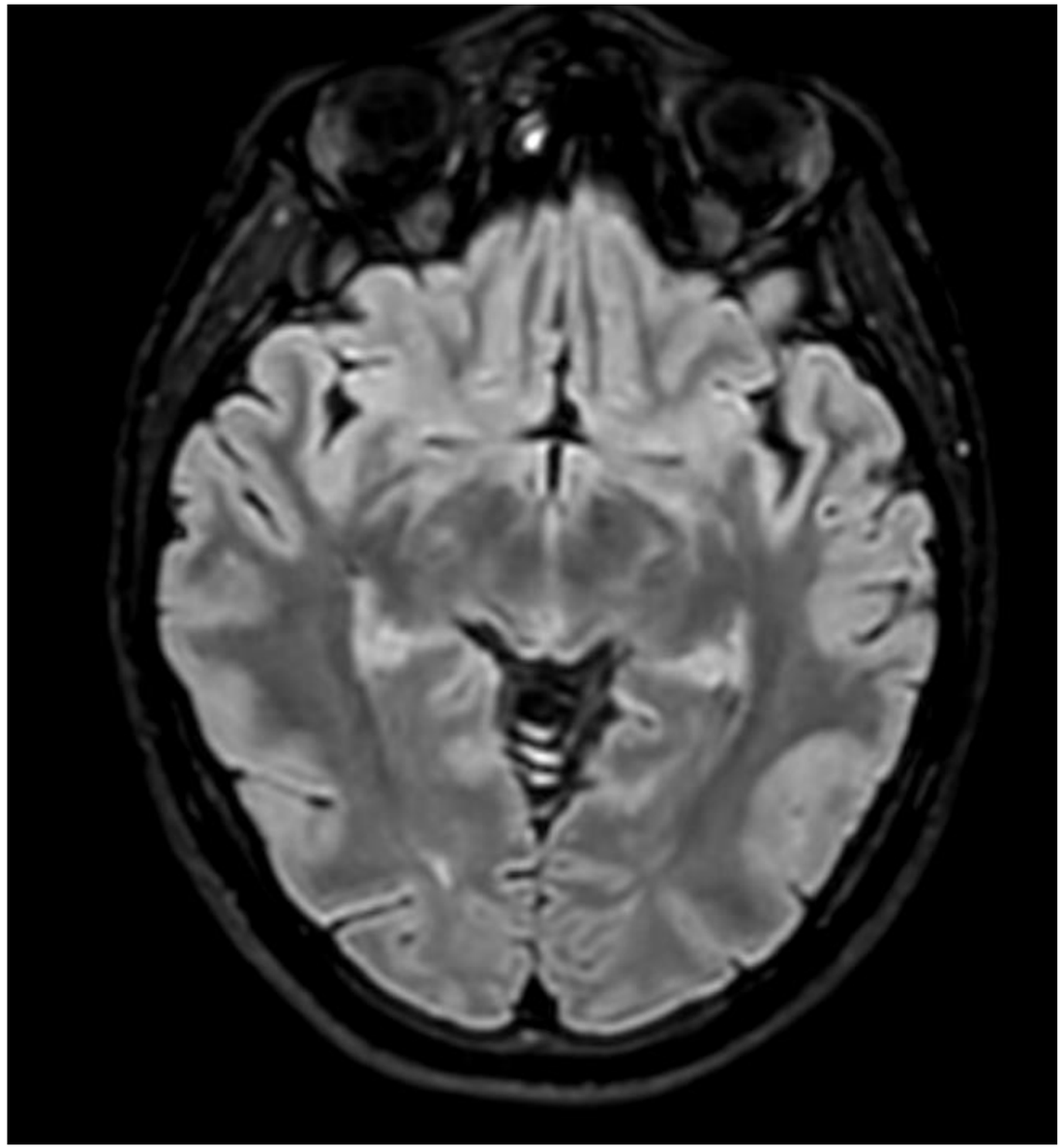
Prednisone 1mg/kg/die

Avvio di terapia di combinazione

- Paziquantel 50mg/kg/die in 3 somministrazioni
- Albendazolo 15 mg/kg/die in 2 somministrazioni

Controllo radiologico





Cisticercosi

- Malattia causata dall'infezione con lo stadio larvale della *Taenia solium*
- Dovuta all'ingestione delle uova di *T. solium* eliminate da un portatore del verme adulto
- Le cisti possono svilupparsi in vari tessuti (es. muscoli, cervello, occhi)
- Neurocisticercosi (NCC): forma di cisticercosi che colpisce il sistema nervoso centrale

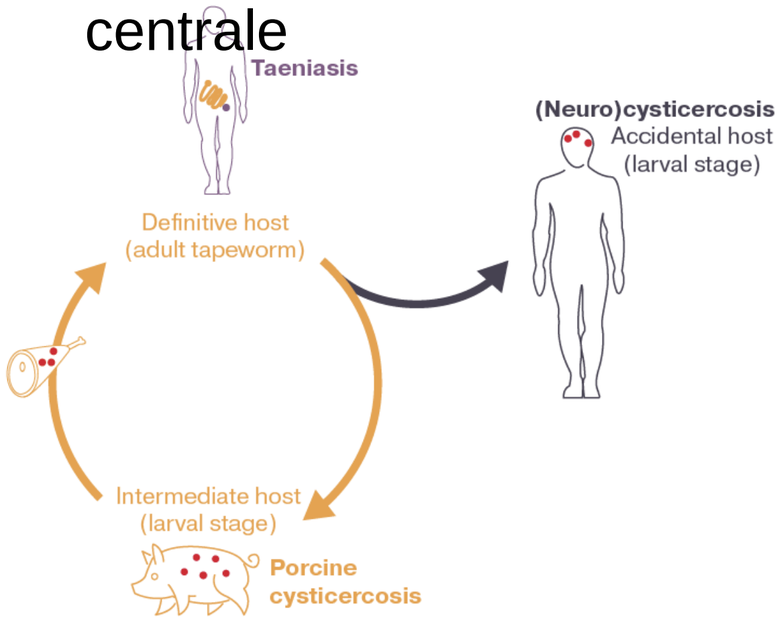
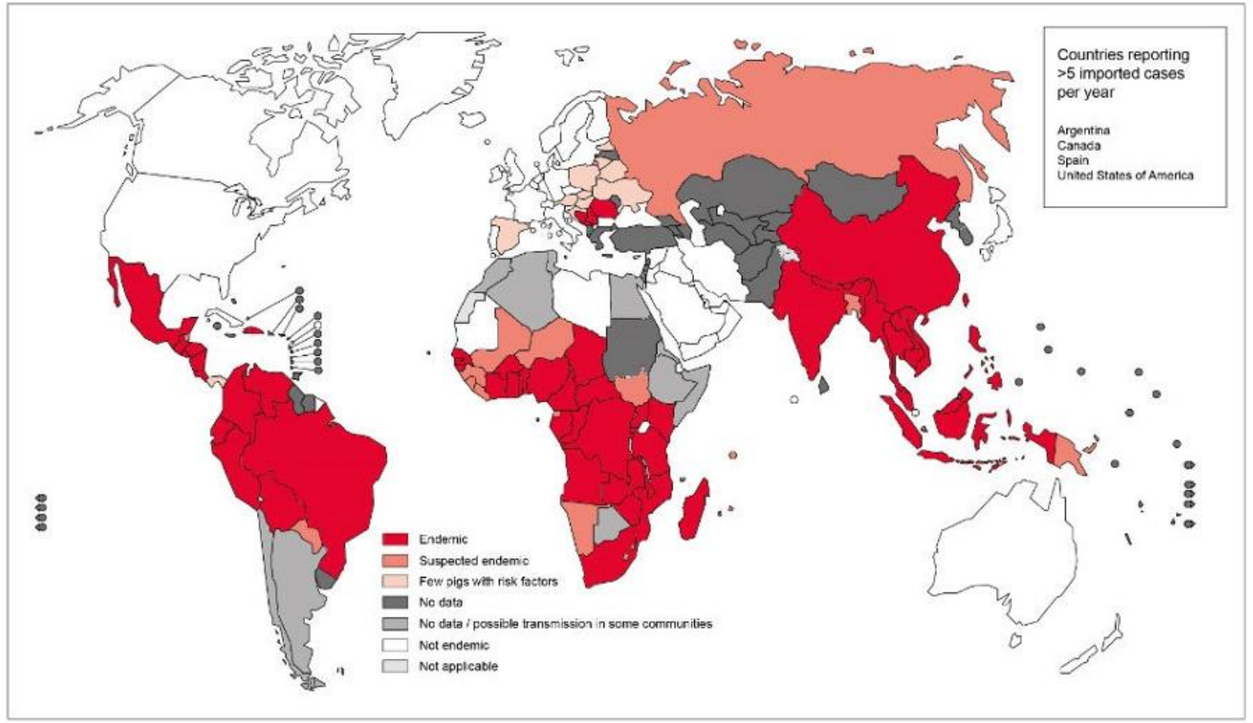


Fig. 2. Transmission cycle of *Taenia solium*



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Data Source: World Health Organization
Map Production: Control of Neglected Tropical Diseases (NTD)
World Health Organization

World Health Organization

Table 2. Presenting features in all active neurocysticercosis cases (n=26)

Presentation	No. of cases	
	n	(%)*
Seizures	19	(73.8)
Headaches	11	(42.3)
Visual disturbance	3	(11.5)
Extra-CNS cysticercosis	3	(11.5)
Confusion	2	(7.7)
Focal neurology	2	(7.7)
Vomiting	2	(7.7)
Apraxia	1	(3.9)
Memory loss	1	(3.9)
Speech disturbance	1	(3.9)

Case series at Hospital for Tropical Diseases, 2001-2015, Hunter et al 2018

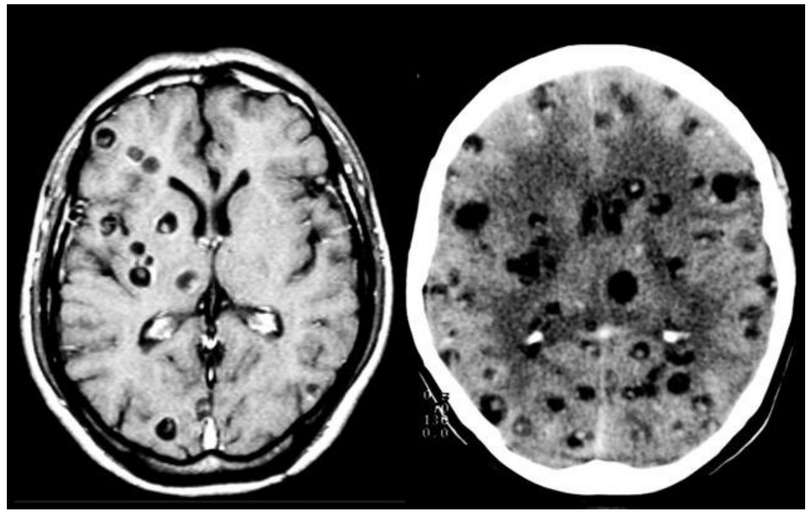
Evoluzione della cisti

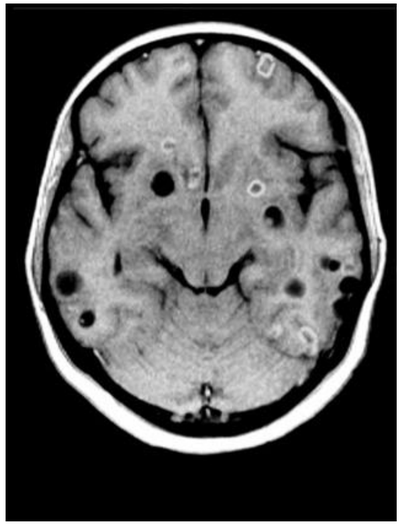
A. Vescicolare: vitale, tolleranza immunitaria, senza enhancement

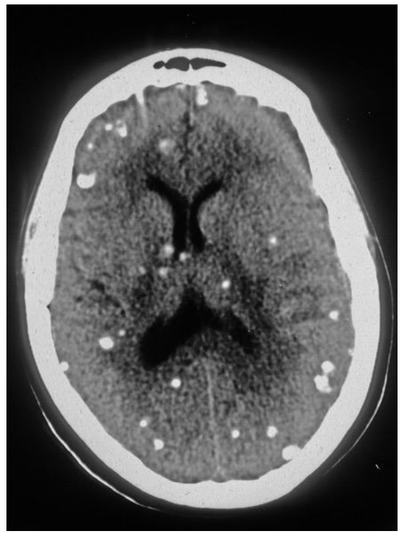
B. Colloidale: in degenerazione, enhancement anulare

C. Granulare-nodulare: in degenerazione, enhancement nodulare

D. Calcificata: non vitale, ad alta densità







***Key IDSA/ASTMH recommendations- treatment*:**

• In the absence of elevated intracranial pressure, use antiparasitic drugs in all patients with viable parenchymal neurocysticerci (VPN):
• For patients with one to two viable parenchymal cysticerci: albendazole monotherapy for 10 –14 days.
• The usual dose of albendazole is 15 mg/kg/day divided into two daily doses for 10–14 days with food. We recommend a maximum dose of 1,200 mg/day.
• For patients with >2 viable parenchymal cysticerci: albendazole (15 mg/kg/day) combined with praziquantel (50 mg/kg/day) for 10–14 days rather than albendazole monotherapy.

• We recommend adjunctive corticosteroid therapy begun before antiparasitic drugs rather than no adjunctive therapy in all patients treated with antiparasitic therapy.

• Retreatment with antiparasitic therapy for parenchymal cystic lesions persisting for 6 months after the end of the initial course of therapy.

Grazie per l’attenzione!