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### Neurocysticercosis – Report of one pediatric case

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**Introduction:** Neurocysticercosis is the most common parasitic infection of the central nervous system in humans. Considered an endemic parasitosis in developing countries including Latin America, Asia and Africa where is the main cause of acquired epilepsy. In Europe the cases of neurocysticercosis are rare. We report a case of single parieto-occipital cyst in 14 years old boy.

**Material and Method:** A 14 years old boy with no initial symptoms presented with inaugural generalized crisis. Initial CT showed parieto-occipital hypodensity. Further cerebral MRI workup evidenced a cystic lesion interpreted as a possible low grade glial lesion. Complementary spinal MRI was negative. Biology was within normal limits and ophthalmological examination was negative. Surgery was realized with the goal of diagnostic and therapeutic resection after locating the functional mixt speech area 2 cm anteriorly of to the lesion at preoperative functional MRI. Neuronavigation guided complete resection without cyst wall opening was realized as the cyst seemed well limited with a good cleavage plane.

**Results:** Postoperative evolution was favorable without complications. Control MRI at 48h confirmed the complete resection. Anatomopathological examination revealed a neurocysticercosis and confirmed an intact cyst wall. Specific anthelmintic (albendasole) drug was started day 7 after as advised by the infectiologist.

**Conclusion:** Presentation of neurocysticercosis, although characteristic, may be misdiagnosed especially in non-endemic regions. Surgery is curative at condition that the cyst is not opened which can diffuse the larva in the meningeal space. The diagnostic of neurocysticercosis has to be considered in presence of a solitary well-limited cyst in cortico-subcortical brain areas as its radiologic aspect is characteristic.