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Neurocysticercosis: A review

Shakthi KJS
SPARSH Hospital, India

Neurocysticercosis is the most common infection affecting the central nervous system and a leading cause of acquired epilepsy in India. The wide variety of clinical manifestations is based on the stage of the infection, size and location of cysticerci. Due to the pleomorphism, the management is a challenge in several cases. The use of cysticidal drugs helps in reducing the disease burden in the community. This review discusses the clinical features and management of Neurocysticercosis. Neurocysticercosis (NCC), an infestation with the larval form of *Taenia solium* is one of the widely prevalent infections in India. It is the most common treatable acquired cause of epilepsy in India, and other developing countries. The prevalence of epilepsy due to NCC ranges from 1.3-4.5 per 1000 population. The clinical manifestations of neurocysticercosis can be widely variable. Patient can be asymptomatic or can present with life threatening raised ICP symptoms or hydrocephalus. Clinical manifestations of Neurocysticercosis: Clinical manifestations in Neurocysticercosis are based on the form of involvement and the stage of NCC. There are four pathological stages of Neurocysticercosis. These are the vesicular stage, colloidal vesicular stage, granular nodular stage and the calcified stage. The vesicular stage is generally asymptomatic. The cyst starts degenerating in colloidal vesicular stage when the host response begins and there will be signs of inflammation. This is the stage where patient becomes symptomatic. The most common symptom with which a patient with Neurocysticercosis can present is the seizures. These seizures can be focal or with secondary generalization. As there are no comparative trials on efficacy of different anti epileptic drugs, there are no specific guidelines on any specific drug to be used. The most common symptom with which a patient with Neurocysticercosis can present is the seizures. These seizures can be focal or with secondary generalization. As there are no comparative trials on efficacy of different anti epileptic drugs, there are no specific guidelines on any specific drug to be used. The choice of AED should be based on the drug interaction with cysticidal drugs and the corticosteroids. The choice of AED should be based on the drug interaction with cysticidal drugs and the corticosteroids. There are trials on the duration of anti epileptic drugs in Neurocysticercosis. The Cochrane review which was published in 2015 compared 6 months vs. 12-24 months and 6-12 months vs. 24 months of corticosteroids for the treatment of Neurocysticercosis. It was concluded that both the comparisons were not statistically significant. Surgical management in neurocysticercosis comes into picture when there are intraventricular cysts, intraocular cysts, subarachnoid NCC, hydrocephalus and some rare cases of drug refractory epilepsy in case of parenchymal neurocysticercosis. In pregnant ladies, the raised ICP should be aggressively managed. The anti parasitic drugs should be withheld until after delivery as the safety of these drugs is questionable.

Biography

Shakthi K J S is a Consultant Neurologist at SPARSH Hospital, Bangalore. She completed her MBBS from Bangalore Medical College and Research Institute, Bangalore. In addition, she pursued her post-graduation and DM in Neurology from AIIMS Delhi. She is a supremely skilled medical professional with nearly a decade of professional experience. Being passionate about Neurology, she has an innovative approach to patient care and safety, and aims to accomplish clinical acumen in the field of Advanced Vascular Neurology by utilising her knowledge in evidence-based clinical practice in Internal Medicine and basic Neurology to achieve a hands-on skillset. She keeps herself updated with the entire evidence based medical practise to ensure patient safety. She takes active participation in many local, national and international conferences, seminars and workshops to quench her thirst as a doctor and contribute to the future amenable, accessible, cost-effective health care and patient management.

drshakthikjs@gmail.com