SHORT-TERM ANTIEPILEPTIC TREATMENT OF SOLITARY CEREBRAL CYSTICERCOSIS

A prospective randomized study of short-term vs long-term antiepileptic drug (AED) treatment of 206 subjects with new onset seizures and solitary cerebral cysticercus granuloma (SCCG) was conducted at the Department of Neurology, Institute of Medical Sciences, Banaras Hindu University, Varanasi, India. Group A (98) patients were treated for 6 months and group B (108 patients) for 2 years. Patients were monitored during and 18 months or longer after tapering for 6 weeks and stopping treatment. Seizures were partial with or without secondary generalization in 80% of patients. Carbamazepine and phenytoin were used as first-line AEDs. Complete spontaneous resolution of the SCCG had occurred in 66.3% of group A patients and in 57.4% of group B, while the remaining patients showed punctated residual calcification on CT. Seizures recurred during the 18 month follow-up period in 3.1% and 4.8% of group A and B patients showing complete resolution of the granuloma (NS, P=0.61). In those with calcified residua, seizures recurred in 42.4% and 21.7% of groups A and B, respectively, and the difference was significant ($P<0.05$). Seizures responded when therapy was resumed in all patients with recurrences. (Verma A, Misra S. Outcome of short-term antiepileptic treatment in patients with solitary cerebral cysticercus granuloma. **Acta Neurol Scand** March 2006;113:174-177). (Respond: Dr Archana Verma, New L-23 Hyderabad Colony, Banaras Hindu University, Varanasi 221 005, India).

COMMENT. The study shows that solitary cerebral cysticercus granuloma with epilepsy is a self-limiting disease. In patients with complete resolution of the lesion on CT, early withdrawal of AED treatment after 6 months can be attempted without risk of seizure recurrence, whereas patients with persistent residual calcifications may require longer-term treatment.

Neurocysticercosis caused by infection of the CNS with *Taenia solium* is common in developing countries. It is rare in the USA but accounts for 25% of intracranial tumors in Mexico. A patient in India, a 16-year-old female, with a history of migraine, presented with headache that was prolonged, lasting longer than 72 hours (status migrainosus). Neurological examination was normal, with no papilledema. CT of the head showed hydrocephalus with disproportionate enlargement of the 4th ventricle. MRI revealed a solitary cystic lesion with scolex in the 4th ventricle that proved to be neurocysticercosis. Headache was partially relieved by IV mannitol and dexamethasone. Endoscopic removal of the cyst was unsuccessful because of adhesions. CT following 3rd ventriculostomy revealed reduction in size of 4th and lateral ventricles, and symptomatic relief. The patient was discharged on albendazole (400 mg BD orally for 14 days) and phenytoin 200 mg PM. At 6-month follow-up, she had suffered no headaches or seizures; CT showed a calcified dot in the 4th ventricle (Shukla R, Paliwal VK, Jha D. **Headache** Jan 2006;46:169-174).

In a long-term study of 240 patients with seizures and neurocysticercosis in Mexico, outcome was better in patients who received albendazole (Vasquez V, Sotelo J. **N Engl J Med** 1992;327:696-701). Seizures were fewer after medical treatment than after surgical excision of the cyst. **(Ped Neur Briefs** Oct 1992).