

Seizures in a Latin American immigrant

PABLO JAVIER MARCHENA YGLESÍAS, MERITXELL REGÍ BOSQUE, IGNASI GARCÍA GONZÁLEZ

Emergency and Internal Medicine Department. Hospital General de L'Hospitalet. L'Hospitalet de Llobregat. Barcelona, Spain.

The patient was 25-year-old male, originally from Bolivia, who had been residing in Spain for seven years, with a history of seizures originated by fever in childhood. He had not presented an episode for more than seven years.

He attended the Emergency Department after presenting with an episode of seizures in the cephalic limb, secondarily generalised of approximately 15 minutes of duration. He presented a post-epileptic state and recovered *ad integrum* in less than an hour. The patient did not report any data of infection or consumption of toxic substances. There was no neurological foci in the physical exploration. A computerised tomography (CT) of the head showed a lesion with a cystic appearance and with ring-enhancement in the left temporal lobe together with calcified lesions and intracystic lesions with no oedema to

the brain (Figure 1). Serology tested positive for *Taenia solium*. The patient evolved favourably with albendazole and antiepileptic medication.

Neurocysticercosis is a condition of the central nervous system caused by the larvae of *Taenia solium*, which also affect striated muscles. It is endemic in countries with a low socioeconomic level, but its incidence in Spain is increasing due to the current migratory flow. Its manifestations are seizures (the most frequent cause of seizures in underdeveloped countries), headache and signs of intracranial hypertension. Tomography images show cystic ring-enhancing lesions that can suggest a number of differential diagnoses. This condition is currently infrequent in Spain but should be taken into account when encountering Latin American patients presenting with seizures.

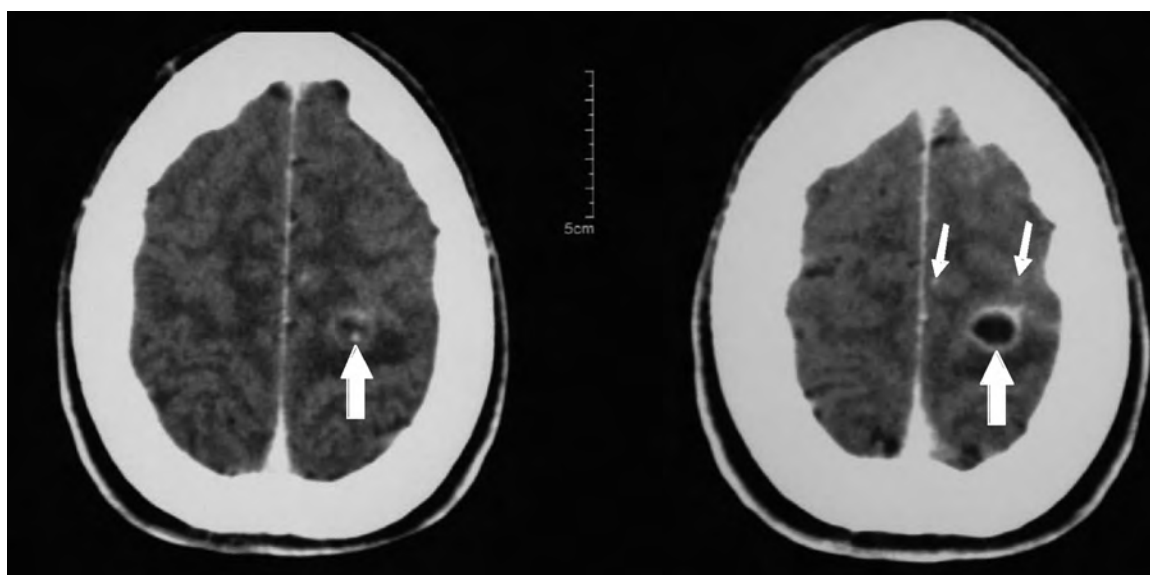


Figure 1. Head CT showing a cystic lesion with calcification inside (left, arrow) in the basal study that reveals ring-enhancement after administration of contrast (right, thick arrow). Temporal calcifications may also be seen (slim arrows).

CORRESPONDENCE:

Pablo Javier Marchena Yglesias. C/Berlín, 63-65, 2ª, 3ª escalera B. 08029 Barcelona, Spain. E-mail: pjmy1@yahoo.es

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