

Section

Radio diagnosis

Original

Article

Use of High-Resolution Ultrasonography in the Diagnosis of Intramuscular Cysticercosis - A Hospital Based Study

Ram Krishna Jha

Assistant Professor, Department of Radiodiagnosis, SSPM Medical College, Sindhudurg, Maharashtra.

ABSTRACT

Background: Cysticercosis is one of the basic ailments found in creating nations. Right now, extraneural tissues are normally included synchronously or metachronously with the cerebrum. Disconnected invasion of delicate tissue and muscle without neural association is more typical than recently suspected. High resolution ultrasonography has evolved now as an investigation of choice with proven sonological patterns of soft tissue cysticercosis which can entirely negate the need for invasive interventions.

Methods: Prospective evaluation of total 12 cases of extraneural cysticercosis was carried out in the department of Radio diagnosis. HRUSG analysis of 12 cases was done to evaluate and classify the various classic sonomorphological features of isolated cysticercosis involving soft tissue and muscles. FNAC was done only in 5 cases.

Results: Around 8 patients were selected on the basis of inclusion and exclusion criteria. Among 8 cases, 3 were male and 5 were female patients. Three individuals were vegetarian and five were non-vegetarian. Mean age was 35 years. All cases were diagnosed on HRUSG. Intramuscular lesion was identified in 6 cases and 2 cases had subcutaneous involvement with anterior abdominal wall in muscular plane as the commonest site in three patients. FNAC was done in 3 cases confirming the cysticercosis and was treated surgically.

Conclusions: With the appearance of high-goals ultrasonography and expanded clinical familiarity with the secluded delicate tissue-intramuscular cysticercosis particularly in endemic zone, a progressively moderate non-obtrusive methodology can be applied both in finding and treatment of these detached instances of cysticercosis.

Keywords: Isolated cysticercosis, High resolution ultrasound, FNAC

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*Corresponding Author

Dr. Ram Krishna Jha
Assistant Professor, Department of Radiodiagnosis, SSPM Medical College, Sindhudurg, Maharashtra.

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INTRODUCTION

Cysticercosis is basically, the infection of human tissue affected with the larval form of the pork tapeworm, Taenia Solium and is found to be endemic in Asia, Africa, Latin America and China.¹

In contrast to pervasion with grown-up Taenia, cysticercosis doesn't require the patient to eat contaminated pork as the course of transmission is feco-oral. This likewise raises the plausibility of auto disease. It is the most widely recognized parasitic disease of the focal sensory system around the world, but the involvement of other organ system, excluding

the orbits, has been described only infrequently in the literature.²

Disconnected instances of intramuscular and subcutaneous cysticercosis are phenomenal because of changed clinical introductions, however in these cases ultrasonography provides means of definitive diagnosis and in recent years has emerged as the initial investigation of choice.³ Non-intrusive intercession with therapeutic administration has advanced as authoritative line of the executives. Careful

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intercessions are shown distinctly in cases with bigger related boil.

This was a maiden study in our set up and therefore this prospective study was planned and conducted to evaluate the diagnostic utility of HRUSG in isolated soft tissue-intramuscular cysticercosis.

METHODS

This study was conducted in the department of Radio diagnosis in collaboration with department of Pathology. The patients were enrolled on the basis of inclusion and exclusion criteria. Around 12 cases of isolated soft tissue and intramuscular cysticercosis were diagnosed on high resolution ultrasonography.

Ultrasonography was performed and sonological features were evaluated in terms of:

- Site of the lesion: Soft tissue or Intramuscular
- Anatomical location
- Presence of cystic lesion with or without echogenic foci
- Presence of any collection/Abscess
- Signs of inflammations in the adjoining soft tissue and muscles

FNAC was done in 5 cases, two of them showed cyst without scolex and the third patients presenting with abscess/collection which was out of proportion to the primary cystic lesion. Three cases requiring FNAC were treated with surgical excision.

Patients demographic profile especially the dietary habits and clinical diagnosis was also recorded. Those patients with positive history of seizures and other concomitant medical issues were excluded from the study.

RESULTS

Out of the total 12 cases, there were 8 males and 4 female patients with mean age of 38 years (range: 15-65 years). As far as dietary habits were concerned, three individuals were vegetarian, while five were non vegetarian food habit. All of the patients are from predominate rural setup. Most of the lesion were found to be Intramuscular as was evident in 8 cases and 4 cases had only subcutaneous involvement.

The commonest site was anterior abdominal wall in muscular plane involving rectus abdominus in 5 patients. Patients' details and site of the lesion are depicted in (Table 1).

The most common USG morphology seen in 6 cases was that of a hypoechoic- anechoic cyst with an echogenic scolex with mild inflammation around it, without any abscess formation.

This was followed by irregular hypoechoic collection of exudative fluid within the muscles and subcutaneous tissue with cysticercal cyst containing echogenic scolex, seen in 6 cases. The least common feature was an irregular cyst with minimal fluid without any scolex in 1 patient (Table 2).

FNAC was done in 5 cases, two of them showed cyst without scolex and the third patient presenting with abscess/collection which was out of proportion to the primary cystic lesion.

FNAC showed inflammatory background with predominant eosinophils and histiocytes, consistent with cysticercosis.

The five cases undergoing FNAC were also diagnosed for cysticercosis on USG and underwent surgical excision. On

follow up ultrasound study no recurrence was noted in any of the cases.

Table 1: Patient Distribution.

Patient Distribution		No. of cases
Sex distribution	Male	8
	Female	4
Dietary Habits	Vegetarians	5
	Non- vegetarians	7
Location	Ant. Abd. wall (Rectus Abdominus)	5
	Triceps	3
	Biceps	3
	Brachialis	1

Table-2 HRUSG features in isolated soft tissue and intramuscular cysticercosis

Pattern of ultrasound imaging	No. of cases
Cysticercal cyst with echogenic scolex and mild inflammation (No Abscess)	6
Irregular cyst with minimal fluid. No scolex within the cyst	1
Irregular collection of exudative fluid within muscle with cysticercal cyst containing scolex	5

DISCUSSION

Cysticercosis has been known to be as a biological marker of the social and economic development of a community.⁴

It has already been studied that, Cysticercosis is an infection with larval form of pork tapeworm *Taenia Solium* and is transmitted through feco- oral route.² Humans normally act as definitive hosts. However man may become an intermediate host manifesting as cysticercosis in one of the ways: i) by Hetroinfection, commonest through contaminated water, food (like vegetables); ii) by exogenous autoinfection due to ano- oral contamination in patient harbouring the adult worm; iii) by endogenous autoinfection in which internal regurgitation of eggs occurs into the stomach due to reverse peristalsis from small intestine harbouring a gravid worm.⁵

The occurrence of cysticercosis in human in order of frequency is central nervous system, eye, muscle, subcutaneous tissue, heart, pleura and peritoneum.⁶ In this study we have described isolated soft tissue and intramuscular cysticercosis.

The clinical introduction is generally vague with changed differentials like lipoma, canker, lymphadenitis, and neurofibroma. The symptoms of this disease usually depend on the locations of the cyst, the cyst burden and the host immune response.⁷

Muscular cysticercosis may present clinically with three distinct types: i) the Myalgic-myopathic type; where during the death of the larva there is leakage of fluid from the cyst resulting in acute inflammatory response; ii) the Nodular-mass like or pseudotumor; in which degeneration of cyst results in intermittent leakage of fluid eliciting a chronic inflammatory response with fluid collection around the cyst; iii) the rare Pseudo hypertrophic type; where multilocular cyst formation occurs in groups of muscle.⁸

The subcutaneous cysticercosis may present as painless or

painful subcutaneous nodules.

With the above clinical presentations, it is necessary for clinicians to keep the differential diagnosis of soft tissue cysticercosis in patients with soft tissue nodules.

This study which was based on ultrasonography highlighting again the importance of ultrasonography in making a definitive diagnosis of isolated disease which usually present with a clinical diagnostic dilemma with varied differentials.

Ultrasonographic spectrum of isolated subcutaneous and intramuscular cysticercosis is already well described in literature.⁹

There can be four different sonographic appearances of muscular cysticercosis which are pathognomonic.^{8,10} The main kind is a cysticercal sore with an echogenic scolex and a fiery mass around it. This for the most part happens because of death of the hatchling. The subsequent sort is an unpredictable growth with insignificant liquid on one side, demonstrating liquid spillage. The unpredictable echogenic projection from the divider brought about by the scolex isn't seen inside the pimple, due to either escape of the scolex or incomplete breakdown of the growth. The third appearance is a huge sporadic assortment of exudative liquid inside the muscle with cysticercus growth containing an unconventional scolex. This is because of ceaseless discontinuous spillage of liquid from the pimple prompting flowery incendiary exudates. This is like a ulcer; be that as it may, the nonattendance of cysticercus pimple inside the assortment isolates the two. The fourth appearance is that of a calcified cysticercosis, as various curved echogenic calcifications like millet seed calcification seen traditionally on plain radiograph.

The commonest ultrasound features in our study noted in 12 cases was that of a hypoechoic- anechoic cyst with an echogenic scolex with mild inflammation around it, without any abscess formation. These cases were of type one and occurs due to death of the larva.

The second common imaging finding was irregular hypoechoic collection of exudative fluid within the muscles and subcutaneous tissue with cysticercal cyst containing echogenic scolex, seen in 5 cases. These are due to leakage of the cystic fluid inciting inflammatory exudates.

The least common feature was an irregular cyst with minimal fluid without any scolex only in 1 patient. The non-visualisation of scolex may be due to escape of scolex or due to collapse of cyst.

Naik D et al in 2011 reported 17 cases of isolated soft tissue cysticercosis diagnosed solely by USG with utilisation of medical approach to treat these cases. The most common ultrasound appearance was that of a cyst containing a scolex within and with surrounding abscess. They also concluded that HRUSG is reliable diagnostic modality for the diagnosis

of soft tissue cysticercosis which can be treated with drugs without much need of surgical intervention.⁷

Lohra S et al in 2014 also showed 7 consecutive cases of isolated soft tissue cysticercosis diagnosed on USG.¹¹

Mittal A et al describe two cases of isolated cysticercosis one of them involving the pectoralis muscle which were clinically diagnosed as abscess but ultrasonography revealed a cyst with small echogenic scolex in it with surrounding hypoechoic area suggestive of cysticercosis.⁹

Sidhu R et al concluded that high resolution ultrasonography plays an important role in establishing the diagnosis of muscular cysticercosis, describing the classic morphologic characteristics.³

MRI is another diagnostic modality commonly used for the evaluation of soft tissue cysticercosis. The drawbacks with the MRI are mainly the availability and the cost effectiveness. MRI also required dedicated body coils to imaged specific localised anatomical sites. The presence of scolex is the commonest and specific diagnostic clue which is more clearly appreciated on the ultrasound.

CONCLUSION

Although separated myocysticercosis is unprecedented indication of *Taenia Solium* pervasion, it ought to consistently be considered as differential for delicate tissue, strong injuries particularly in endemic zone. Noninvasive, non-ionizing favorable circumstances of ultrasonography assume a significant job in setting up the finding of myocysticercosis with more noteworthy certainty abridging the requirement for additional examination.

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