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Clinical-Medical Image

Ocular Cysticercosis

Sangeeta Das Ghosh[1], Mandira Chakraborty[1]*, Hasina Banu[2] and Soumava Mandal[3]

[1]*Department of Microbiology, Medical College, Kolkata*
[2]*Department of Microbiology, Dishari Health Point Hospital, Malda, West Bengal*
[3]*In Vitreo-Retina, Susrut Eye Foundation, Kolkata*

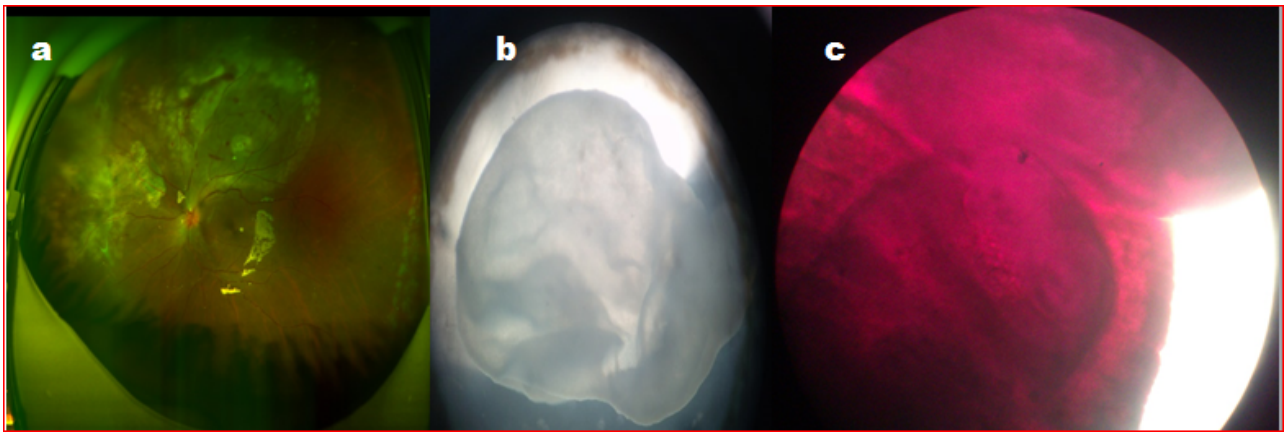

Figure 1: a) Shows Cysticercous cellulosae with invaginated scolex within the eye b) After removal under hand lens, c) Under Stereoscopic microscope after staining with Aceto-alum-carmine stain.

Clinical-Medical Image

A 28-year-old male, diagnosed case of neurocysticercosis and was under oral albendazole medication, presented with complaints of diminished vision of right and left eye for 1 year and 45 days respectively. On ophthalmic examination he had a cyst in the right vitreous cavity and a sub retinal cyst in the left eye, having a vision of hand movement in right eye and 6/9 in the left. Following surgical removal, the cyst was then sent to the laboratory where under hand-lens cyst-like structure with invagination was found. Aceto-alum carmine staining of the cyst viewed under stereoscopic microscope showed cyst containing invaginated scolex with four sucker and cluster of dagger-shaped hooks that confirmed it as Cysticercus cellulosae. Postoperatively the corrected vision was 6/12 and 6/60 in the left and right eye respectively and was put on oral steroids and oral albendazole was continued. Cysticercosis is a preventable cause of blindness endemic in India, caused by the larval form of cestode parasite Taenia solium, occurs in human due to ingestion of the parasite ova. Eye involvement may be orbital or ocular. The diagnosis of cysticercosis is made by the clinical findings and supported by imaging and serological tests. On indirect ophthalmoscopic examination, a live cyst can be seen as a translucent white cyst with dense white spot formed by the invaginated scolex with typical undulating movements. Early diagnosis and intact removal of the cyst is an essential key for the management of ocular cysticercosis, a preventable cause of blindness (Figure 1).

***Corresponding author:** Dr. Mandira Chakraborty, Department of Microbiology, Medical College, 64/4A/9, Beliaghata Main Road, Kolkata 700010, West Bengal, Tel No: +91-9903097119; E-mail: drmchak@gmail.com*

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