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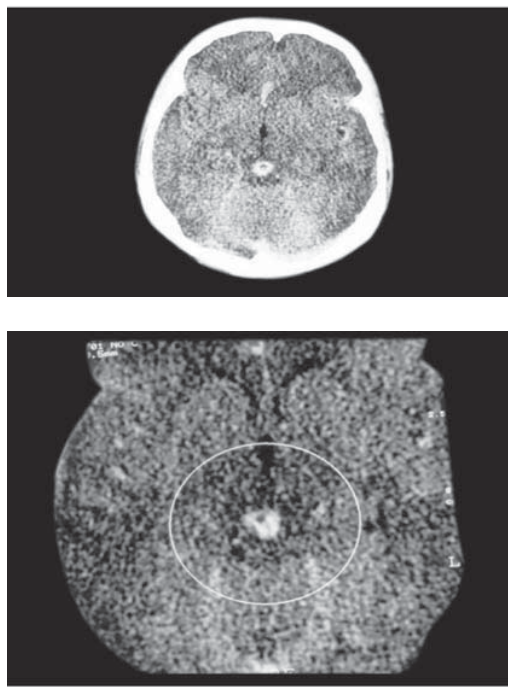
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**T**his 35-year-old married woman was referred to us with bilateral ptosis of six days duration. It was not associated with diurnal variation. There was a history of persistent generalized headache. On physical examination, there was bilateral ptosis and minimal restriction in adducting the right eye. Pupil size and shape were normal. Direct and consensual light reflexes were normal. There was no evidence of external ophthalmoplegia and fundoscopy was normal. Detailed neurological examination did not reveal any focal neurology. On non-enhanced computed tomography (CT), there was diffuse hypodensity of the brainstem, especially the midbrain with effacement of ambient/quadrigeminal cisterns. Contrast-enhanced CT sections showed a ring-enhancing lesion with a scolex in the center in the midline at the superior portion of the midbrain (**Figure 1**). A diagnosis of neurocysticercosis was made and the patient was treated with *albendazole* and *dexamethasone*.<sup>5</sup> She responded well to treatment and was asymptomatic in six weeks.

Neurocysticercosis is very common in Nepal and forms part of differential diagnosis of intra-cranial space occupying lesions in this region. Infrequently unusual parasite location may cause rare clinical presentations. Cerebral cysticerci are mainly located in gray matter or at the junction of gray and white matter, areas with a rich blood supply.<sup>1</sup> In this case, the lesion was at an uncommon site in the brain. Deeply seated lesion at midbrain, characteristic contrast-enhanced computed tomography images and good response to anticysticercal therapy have eluded the need for biopsy of the lesion. Ideally histopathological examination would have been the 100% answer to suggest neurocysticercosis etiology. There are a very few similar case reports in the literature. Garg, et al.<sup>2</sup> reported two cases who had large multiple cysticercus lesions and presented as acute midbrain syndrome. Kim, et al.,<sup>3</sup> reported a patient who presented with third cranial

## Bilateral Ptosis due to Neurocysticercosis in the Midbrain



*Figure 1. CT scan of head showing a contrast enhancing lesion in the midbrain suggestive of neurocysticercosis.*

nerve palsy caused by neurocysticercosis involving the midbrain. Singh, et al.,<sup>4</sup> reported a case where a young male presented with third nerve palsy and left hemiplegia (Weber syndrome) that improved with steroid treatment.

### References

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5. Wadia NH: Neurocysticercosis. In: Shakir RA, Newman P, Poser CM, (eds), **Tropical Neurology**. London: WB Saunders, 1995, pp 247-273