Abstract:
Cysticercosis is caused by cysticercus cellulosae, which is the larva of Taenia solium, the pork tapeworm. The larvae are carried in the blood stream after penetrating the walls of the alimentary tract and they lodge in different tissues like the skin, skeletal muscles, brain, fundus and heart, to cause disseminated cysticercosis. Cases of intermuscular cysticercosis have rarely been reported in the literature. They may inhabit the muscles and cause muscular hypertrophy, which, at times, may assume gross proportions. Morbidity is usually caused by the involvement of the central nervous system eye. The larval form can invade many tissues in humans, to cause disseminated cysticercosis. Generalized symmetrical pseudohypertrophy of muscles, in such conditions, has previously been reported only in twelve cases. We hereby present a case of parasitic cyst of thigh which posed a diagnostic dilemma.

Keyword: Cysticercosis, Taenia solium

Case report:
27 yr old woman came with complaints of swelling and pain in the right thigh for 2 months duration. Swelling was insidious in onset, gradually progressive associated with pain. There was no history of fever, loss of weight or appetite. On examination there was a swelling in the medial aspect of right thigh which was 10 X 8 cm, smooth surface, all margins palpable, cystic in consistency, not attached to skin, intra muscular, not reducible/compressible, fluctuation negative, there was no regional lymphadenopathy. Routine blood investigations, ECG, Chest X ray were within normal limits. USG revealed INTRAMUSCULAR CYSTIC LESION WITH MULTIPLE INTERNAL SEPTATIONS, ?ABCESS FNAC reported as features suggestive of parasitic cyst.
Multiloculated cyst  
External appearance of cyst

Cut section of cyst

Histopathological Examination – Encysted CYSTICERCUS CELLULOSAE

Post operative period:
Post op period was uneventful and there were no complications

FOLLOW UP:
Adequate health education regarding the modes of transmission, preventive measures were given to the patient and her family members. She is now on a regular follow up for the past 7 months and there has been no recurrence or any other complications.

Review of literature:
CYSTICERCOSIS is due to larval stage of Taenia solium, Cysticercus cellulosae, in humans, pigs. Usually it presents as small nodules in the intraocular muscles, muscles of arms & chest which are mobile. Generalized involvement of the body with cysticerci can affect the muscles. Clinically, the presentations can be of the myalgic type, nodular type or the uncommon pseudohypertrophic type. Muscle hypertrophy is usually asymptomatic in the pseudohypertrophic type and the affected muscles are generally nontender. They must be differentiated from pseudohypertrophy, muscular dystrophy, myotonia congenita, trichinosis, hypothyroidism, amyloidosis and glycogenesis of Type1 (Pompe's disease). Other differential diagnosis include lipomas, epidermoid cysts, neuroma, neurofibromas, pseudoganglia, sarcoma, myxoma, pyomyositis or tuberculous lymphadenitis.

Diagnosis of cysticercosis involving the muscles is difficult clinically. Cysts which reside in the muscles are difficult to palpate, as they are often deep seated and numerous cysts lying side by side intramuscularly impart a smooth, shiny and tense appearance to the muscles. Ultrasonography is important in diagnosing the presence of cysticerci in these hypertrophied muscles, through revealing cystic lesions with or without calcification. Electromyography can be a useful tool in the diagnosis of muscle cysticercosis. Short duration, low amplitude motor unit potentials are the usual findings. Symmetric painless enlargement of muscles, with seizures and subcutaneous nodules, in a case of generalized cysticercosis, can also be confirmed by muscle biopsy, which usually shows densely packed cysticerci in the muscles. Treatment depends on the mode of presentation. Asymptomatic cysticercosis no need for any therapy. EXCISION is the treatment of choice for solitary symptomatic subcutaneous or intermuscular lesion. Medical management includes albendazole, praziquantel with steroids to reduce edema.

Conclusion:
This case is being presented mainly because of the unusual size and site of occurrence of the cyst. Most intramuscular cysticercus presents as small movable nodules especially among intraocular muscles. Presentation as a large intramuscular swelling is rare.

References:
1 Solitary Cysticercosis Of Deltoid Muscle In A Child: The Diagnostic Dilemma And Case Report, Sujit Kumar Tripathy, Ramesh Kumar Sen, Pebam Sudes, Sarvdeep Dhatt, J.Orthopaedics 2009;6(2):e11