Correspondence

Subcutaneous cysticercosis identified in chest radiography

Sir,

The recent clinical image by Kumar and Mohan is very interesting. In fact, the finding is not extremely uncommon in tropical countries. Based on our experience in Thailand, the prevalence is about 1/1000. An important consideration is the presumptive diagnosis of subcutaneous cysticercosis. Indeed, another important parasitosis that might present similar finding in chest radiography is sparganosis. Sparganosis can be in subcutaneous form and this is hardly to be discriminated from subcutaneous cysticercosis. The definitive diagnosis still requires histopathological examination. Finally, Kumar and Mohan also mentioned for autoinfection as a rare mode of disease transmission. It should be noted that this mechanism in human is still controversial although there is strong evidence in experimental animal study.

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References

Authors’ response

Sir,

We thank Wiwanitkit for his observations on our clinical image. Sparganosis is extremely rare in India. In areas where the disease is highly endemic, sparganosis should also be considered in the differential diagnosis of subcutaneous swellings. However, subcutaneous sparganosis is clinically indistinguishable from subcutaneous cysticercosis and histopathological confirmation is required for differentiating these conditions. In our patient, excision biopsy and histopathological examination confirmed the diagnosis. Pre-operative diagnosis of sparganosis is seldom made and the diagnosis of subcutaneous sparganosis becomes evident following surgical excision and histopathological examination. There is no effective medical treatment available for sparganosis and complete excision is curative. External and internal autoinfecions have also been hypothesized as possible mechanisms of causation of human cysticercosis. When hygienic standards are poor, hand washing after defecation and before eating food are not scrupulously followed, faecal-oral infection with Taenia solium eggs (external autoinfection) can occur in persons with intestinal taeniasis. In humans, the possibility of infection with Taenia solium eggs through reverse peristalsis (internal autoinfection) is considered to be controversial and merits further study.

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