The diagnosis of neurocysticercosis was made in 35% cases on clinical and neuroimaging findings. Neuromuscular symptoms and occur in 70-90% of cases. Clinical manifestations of neurocysticercosis are described in a series of 90 cases of seizure disorders aged more than 14 years, who presented to B. P. Koirala Institute of Health Sciences, Dharan, Nepal using an enzyme linked immunosorbent assay for circulating antigen (Ag-ELISA).

Methods & Materials: During March 2008 to May 2009, the serological test was carried out in a series of 90 cases of seizure disorders aged more than 14 years, who presented to B. P. Koirala Institute of Health Sciences, Dharan, Nepal using an enzyme linked immunosorbent assay for circulating antigen (Ag-ELISA).

Results: Taenia solium antigen were detected in 13 (15%) of the patients. The diagnosis of neurocysticercosis was made in 35% cases (26 out of 75) based on clinical and neuroimaging findings. Neuroimaging was not done in 15 cases. Seropositivity was associated with neuroimaging studies consistent with NCC (OR = 13.2 95% CI 1.43–305.79, P = 0.014). It is significant for multiple ring enhancing lesions (P = 0.00935 for CT Head and 0.00274 for MRI Head). Living in KACHCHA house, family members > 5 and age > 60 years have higher odds ratio for positive serology of cysticercosis although there was no statistical significance.

Conclusion: On the basis of clinical and imaging findings, the serological test was found to have sensitivity of 41.5% and specificity of 98.4% with the positive predictive value of 92.3% and negative predictive value of 81.8%. So, in the settings where imaging facilities are not available a positive serological test could qualify to start the treatment for NCC. In conditions of negative serological test but if NCC is suspected on clinical grounds then neuroimaging is advocated and could be the reason for referral for neuroimaging.

http://dx.doi.org/10.1016/j.ijid.2014.03.750