Case Report

CYSTICERCOSIS OF THE TONGUE

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Abstract

Cysticercosis of the tongue is very rare in occurrence. Its presence is the indication of surgery. The primary aim of this paper is to describe the clinical features, diagnosis, treatment and outcome of a patient with cysticercosis of the tongue. A young female of 30 yrs age presented with sago size swelling in her right lateral border of the tongue for 3 months duration. She visited surgery OPD for the treatment. The swelling was firm and non-tender. The movement of tongue was normal and there was no lymphadenopathy. Next day FNAC of swelling showed only blood. An excisional biopsy was done and specimen was sent for histopathological examination, which revealed cysticercosis.

Keywords: cysticercosis, tongue, FNAC, biopsy, histopathology

Introduction

Cysticercosis of the tongue is very rare event. Few cases have been reported in India.

Fig 1: Shows 30 yrs old female with cysticercosis of the tongue (site:- right lateral border shown by black arrows)

Generally cysticercosis is found in brain tissue typically found in humans who eat malcooked pork meat.

Case Report

A 30 year old married housewife reported to the hospital with signs of a sago size swelling on her right lateral border of the tongue for 3 months.

Discussion

Cysticercosis of the tongue is uncommon. The exact mechanism of cysticercosis of the tongue is not clearly understood.¹² The pork tapeworm (Taenia solium) can cause two distinct form of Infections. The form that develops depends on whether humans are infected with adult tapeworms in the intestine or with larval forms in the tissues (cysticercosis). Humans are the only
definitive hosts for Taenia solium; pigs are the usual intermediate hosts, although dogs, cats, and sheep may harbor the larval forms. The adult tapeworm generally resides in the upper jejunum. It's globular scolex attaches by both sucking disks and two rows of hooklets. The tapeworm, usually about 3 meters in length, may have as many as 1000 proglottids each of which produces up to 50,000 eggs. Groups of 3 to 5 proglottids generally are released and excreted into the feces, and the eggs in these proglottids are infective for both humans and animals. The eggs survive in the environment for several months after ingestion by the intermediate host (pig), eggs embryonate, penetrate the intestinal wall, and are carried to many tissues via systemic circulation, with a predilection for striated muscle of the neck, tongue and trunk. Within 60 to 90 days, the encysted larval stage develops.

These cysticerci can survive for long periods. Humans acquire infections that lead to intestinal tapeworms by ingesting undercooked pork containing cysticerci. Infections that cause human cysticercosis follow the ingestion of T solium eggs, usually from fecally contaminated food. Autoinfection may occur if an individual with an egg-producing tapeworm ingests eggs derived from his or her own faeces or if egg pass by reflux from the intestine into, the stomach. The growing larva in cysticercosis may provoke a series of inflammatory reactions including infiltration of neutrophils and eosinophils, lymphocytes, plasma cells, and at times giant cells, followed by fibrosis and necrosis of capsule with eventual caseation or calcification of the larva.6

The most diagnostic method for cysticercosis of the tongue is tongue tissue biopsy and histopathology

**Histological slide**

![Fig 2: Arrows show the cysticercosis cellulosae in the tongue tissue extracted during biopsy](image)

**Conclusions**

Diagnosis of the cysticercosis of the tongue is usually not done without the biopsy and histopathology of the tongue tissue. First of all neurocysticercosis has to be ruled out after radiological investigations of the brain tissue.

**Reference**


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