

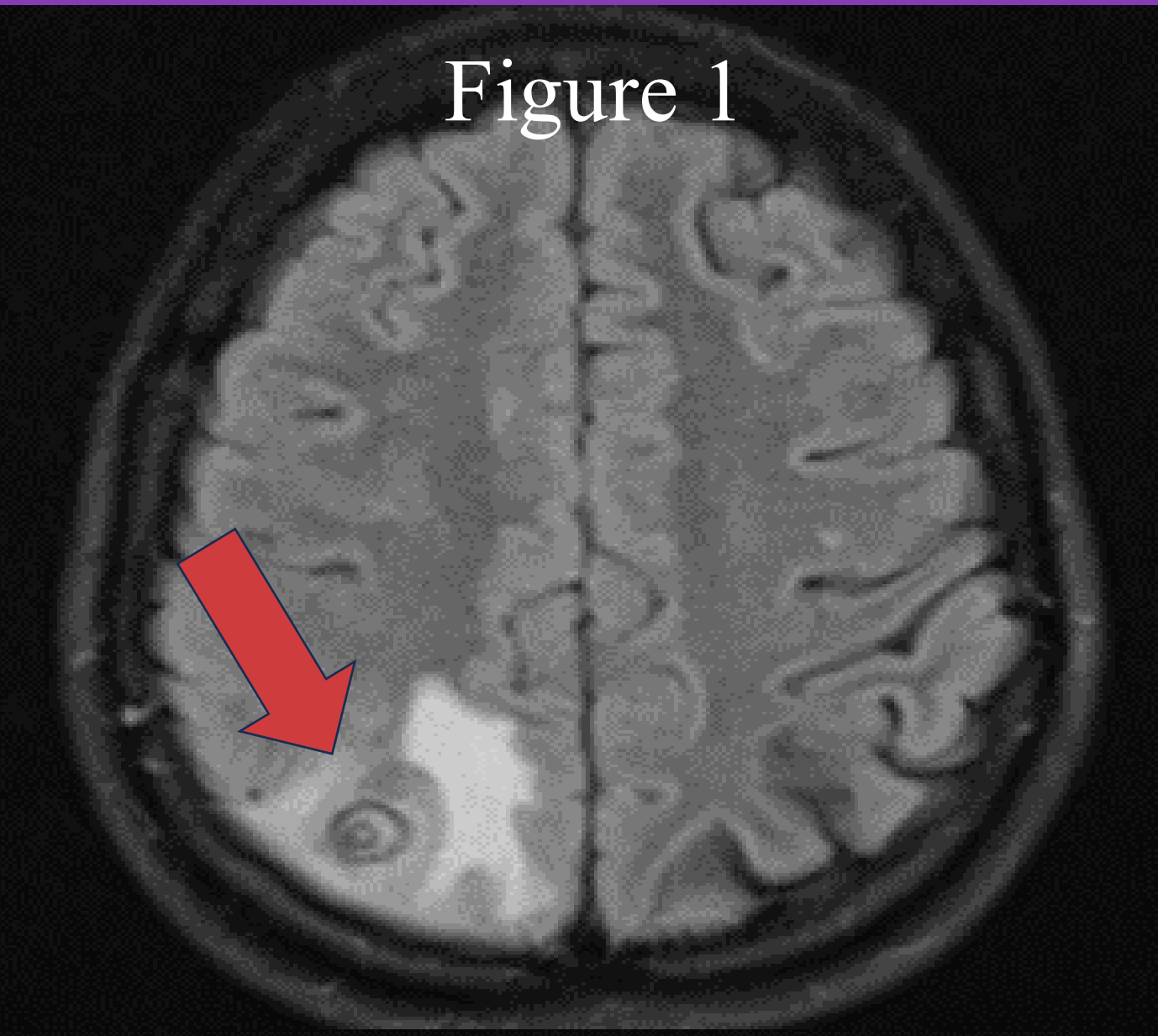
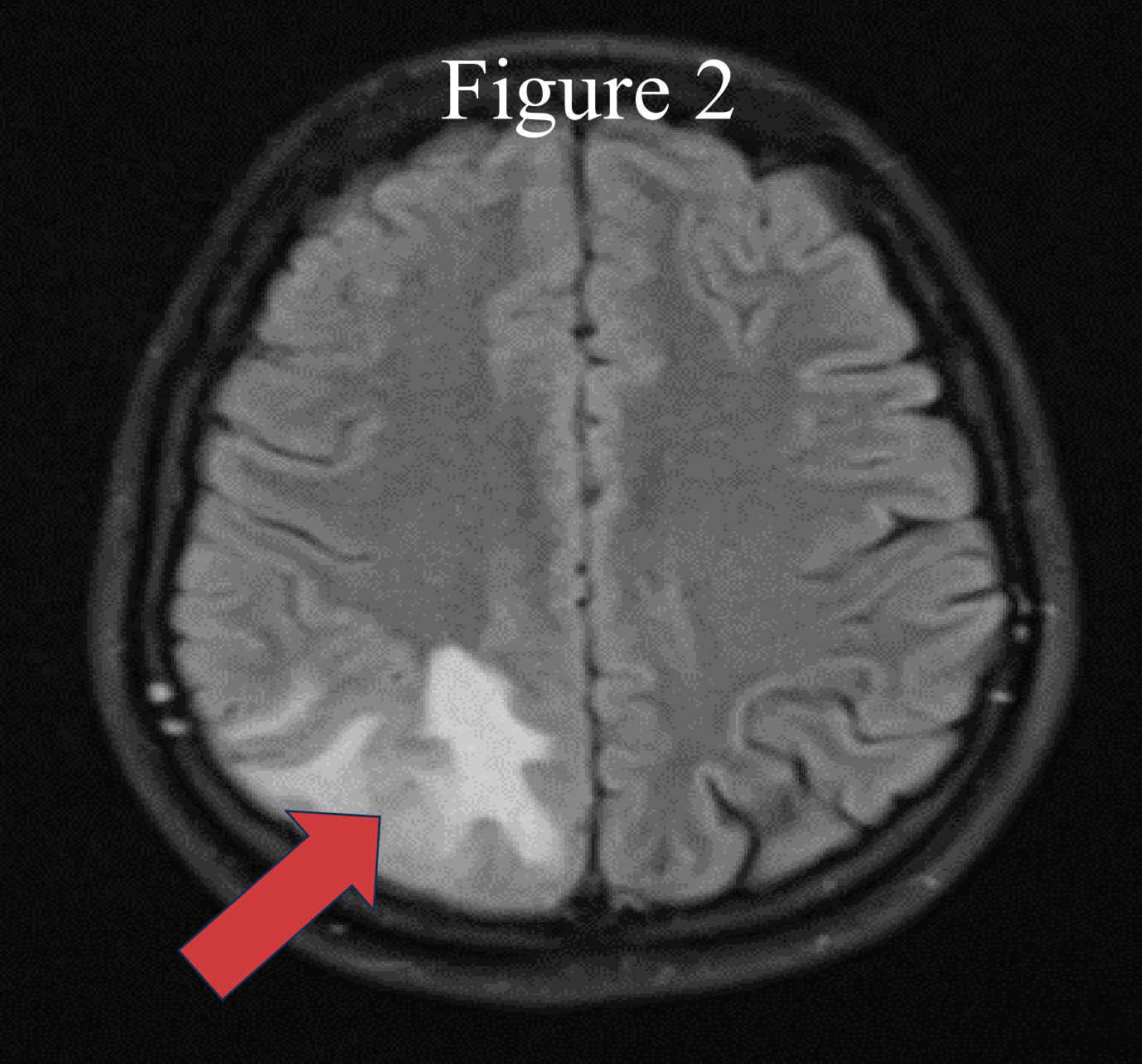


An uncommon cause of seizures in first trimester of pregnancy - Neurocysticercosis

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Background - Seizures during pregnancy can be associated with adverse maternal and perinatal outcomes - Neurocysticercosis(NCC) is an unusual cause of seizures in pregnancy, which poses a diagnostic dilemma due to intriguing clinical picture mimicking toxemia of pregnancy and brain tumor	Investigations - CBC/LFT/RFT – normal - ECG/Echo – normal - Fundus examination – no papilledema - MRI brain- T2 FLAIR - Hyperintense lesion with central dot like T1 intermediate and T2 hypodensity (Figure 1) within significant perilesional edema in right parietal lobe (Figure 2) suggestive of neurocysticercosis more than tuberculoma	 Figure 1  Figure 2	Management - Neurology opinion was sought and was advised to continue on oral Levetiracetam 500mg BD - Patient reported no further seizure episodes - She was discharged in stable condition from the hospital
Objective To understand possible causes and evaluation of seizure in first trimester of pregnancy	Provisional Diagnosis & Evaluation An infective etiology of NCC or Tuberculoma was suspected - Fundus examination – no retinal cysticerci or choroid tubercles - Chest Xray – normal - ESR- 32mm/hr - Stool examination: No ova or cysts - Sputum CBNAAT and ZN stain negative for TB	Discussion - NCC in pregnant women can be asymptomatic or can present as headache, altered mental status, seizures, nausea and vomiting - NCC is parasitic infection caused by larval form of pork tape worm Taenia solium, acquired by ingestion of contaminated food or water with eggs (feco-oral route)	
Case 30 years, G5P2L2A2 at 10+6 weeks presented with history of 2 episodes of GTCS, associated with tongue bite, up rolling of eyes and postictal confusion - No history of fever/headache/vomiting /altered sensorium/hypertension - On examination she was conscious and oriented to time, place and person - BP was 110/70 mmHg - No focal neurological deficits	Final Diagnosis : Neurocysticercosis	Conclusion - Seizures in pregnancy are due to a myriad of including underlying structural or metabolic causes - NCC though an unusual cause for seizures in pregnancy, should be considered in the differential diagnosis in endemic countries like India - A multidisciplinary approach involving neurologist, radiologist, obstetrician and physician is necessary to optimize outcome - A high index of suspicion along with neuroimaging helps in prompt diagnosis and further management	