Cysticercosis—rare but important

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“If you know your sickness, you will not truly be sick anymore.”

—Lao Tzu

Cysticercosis develops after the ingestion of ova of the pork tapeworm (*Taenia solium*). The cysts might penetrate the small intestine and could then be hematogenously transported to any organ. Mostly organs of the central nervous system are affected, but in rare cases also the heart. Cardiac cysticercosis is usually diagnosed postmortem. To date, only a few case reports have been published.¹⁻³

Nery and colleagues⁴ recently reported an even rarer complication of cardiac cysticercosis; that is, myocardial infarction. Cardiac cysticercosis may appear as solitary cysts, but may also manifest in as many as 7 noncontrast-enhancing myocardial and epicardial cysts.² In 2013, Spina and colleagues² reported that a total of only 37 cases had been published and only 10 case reports had documented clinically relevant cardiac involvement.

Cysticercosis might infect humans by ingestion of raw or undercooked infected meat. It is almost unknown in North America and Europe due to meat inspection regulations. However, it is still endemic in countries that have poor hygiene standards, with a prevalence of cysticercosis of about 1% to 2%. The immune system does not recognize the cysts and patients might not have any symptoms for many years. However, if the cysticerci age, their shell structures start to leak, which will result in an inflammatory response. Because of their most common appearance in the central nervous system, skeletal muscle, subcutaneous tissue, or abdominal organs, the most common symptoms are dizziness, headache, and seizures, but also muscle spasms. In cases of cardiac involvement, pericardial effusions, signs of myocardial edema and inflammation, or as in the described case, myocardial infarction, can be found.

Life cycle of *Taenia solium*.

Central Message

Cysticercosis develops after the ingestion of ova of the pork tapeworm. Cysts might penetrate the small intestine and could reach any organ, including, in rare cases, the heart.

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Magnetic resonance imaging is the best and most commonly used diagnosis tool (T2 weighted contrast). Cysticercosis is generally treated with albendazole in combination with anti-inflammatory drugs. In the rare cases of symptomatic, isolated cardiac cysticercosis, surgical removal may be the treatment of choice.

The important case report by Nery and colleagues⁴ directs our attention to 1 specific—although very rare—cause of myocardial infarction. This disease may be seen more frequently in the future due to increasing travel activity all over the world and globalization in general. In the United States, cysticercosis is considered among the neglected parasitic infections, a group of 5 diseases that have been targeted by Centers for Disease Control and Prevention for public health action.

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