

## A CASE OF OCULAR CYSTICERCUS WITH SUCCESSFUL OPERATION

C. J. BLUMENTHAL, M.R.C.S., L.R.C.P., M.B., D.O.M.S., M.S. (LOND.), East London

A White youth, 15 years of age, was brought to me by his parents complaining of one month's history of blurring in the right eye.

There was nothing significant in the history, but to a leading question after I had examined the eye, the mother said that as a small child, he had passed 'an enormous lump of worm' without having had any previous treatment, and apparently nothing further was done about it.

On examination I found him to have a divergent right eye with vision—'counts fingers'. There was a solid-looking cystic detachment in the upper and inner quadrant. Surrounding choroidoretinal exudate and reaction extended down to the disc and macular areas, and there was loose detached retina around the margin of the cyst.

A fine cyclitic vitreous haze tended to obscure details, but in view of the absence of a retinal hole, and the one positive finding in the history, I felt reasonably certain that this was a cysticercus. I had never seen one before in 30 years of ophthalmological practice, except in museum specimens and illustrations. I decided on a bold approach.

At operation, I put a ring of diathermy points round the estimated position of the cyst. With a Graefe knife I made a

2/3 mm. incision over the centre of this area, expecting to probe round with fine forceps in order to find the cyst. To my satisfaction and the astonishment of the theatre staff, a pearly cyst of about 2/3 mm. delivered itself spontaneously through the incision, followed by a small amount of straw-coloured fluid.

The eye healed uneventfully and the detachment flattened out rapidly. I should like to be able to inform you that there was also an improvement in vision, but alas, this was not the case.

From the appearance it is evident that the parasite excites a very vigorous foreign protein reaction in its neighbourhood, and in a closed system like the eye the damage is far-reaching and permanent.

When I last saw him on 5 April 1965, there was still much evidence of the old reaction and some evidence of new *retinitis proliferans* which suggests that a detachment will one day follow. Otherwise the vitreous was very much clearer and the eye appears to be keeping its integrity with no evidence of shrinkage or loss of resistance.

The pathologist's report was: 'This specimen was a cysticercus. Sections showed the histological features of a *C. cellulosae* (*T. solium*). No parent tissue was seen.'