

**Natureza do trabalho:** Relato de caso

## TÍTULO

*NEUROCYSTICERCOSIS VERSUS EPILEPSY IN PREVIOUSLY HEALTHY PATIENT*

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## RESUMO

**Introduction:** Neurocysticercosis (NC) or brain infection by *T. solium* is an important public health problem worldwide. Among the neurological sequel of NC, seizures have been described as the most frequent symptoms. Acute symptomatic seizures often result, the degeneration of viable cysts; however, not all patients with NC and acute provoked seizures or develop epilepsy. There may be a relationship between epilepsy and NC, causal or incidental, given the high prevalence of both. The epileptogenic potential of calcified cysts as well as the possible association between NC and hippocampal sclerosis still require further research. Prevention is critical to reduce the number of seizures and epilepsy related to neurocysticercosis. **Case report:** Patient F.A.S, male, 51 years old, with signs of epilepsy started 16 years ago, after having been diagnosed as neurocysticercosis, began presenting 1 week ago framework of severe headache in the parietal region, denied fever or vomiting, reported use of anticonvulsants regularly. He was taken to the Health Center with crises of generalized tonic-clonic type without release sphincter, with resistance to the use of diazepam, and after the 5th episode of the crisis underwent Hidantal later was taken to Hospital Regional of Mato Grosso do Sul evolving with lowering level conscience and tracheal intubation, developed aspiration and subsequent aspiration pneumonia, required care in the ICU, developed pneumonia associated with mechanical ventilation, VAP. The patient also underwent lumbar puncture done without alteration and cranial CT compatible with numerous calcifications of neurocysticercosis. **Conclusion:** Because of neurocysticercosis individual without genetic predisposition developed intractable epilepsy, whose complications not only the status epilepticus as well as aspiration pneumonia and VAP thus prolonging hospitalization and increasing the likelihood of unfavorable clinical outcome.