Wits Journal of Clinical Medicine, 2026, 8(1) 61–62 http://dx.doi.org/10.18772/26180197.2026.v8n1a12

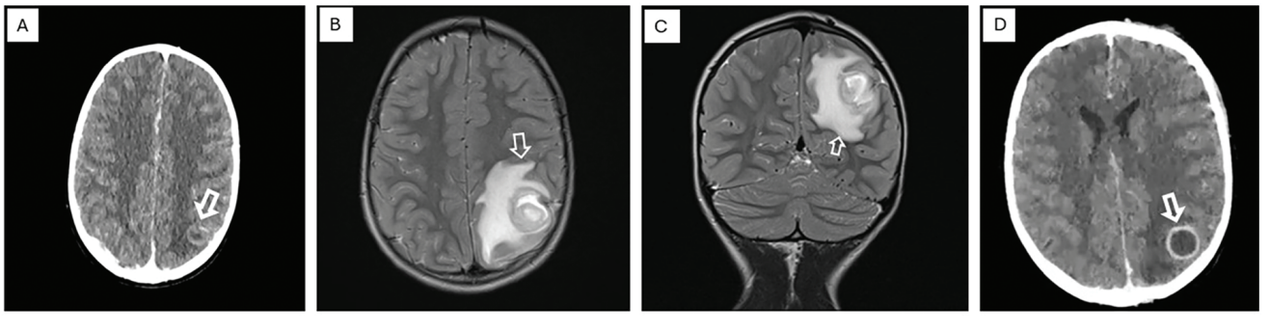
Images in Medicine

The Great Mimic: Neurocysticercosis in a Child with Complex Congenital Heart Disease

Adam Vanker[1], Selina Naiker[1], Muhammed Vally[2]

[1]Department of Paediatrics, Faculty of Health Sciences, University of Witwatersrand
[2]Department of Internal Medicine, Faculty of Health Sciences, University of Witwatersrand

Corresponding author: *cerezvally@gmail.com*



A 5-year-old boy with dysmorphic features and a history of a repaired single outlet right ventricle presented with new-onset focal seizures. Given his background of complex congenital heart disease and the associated risk of paradoxical emboli or hematogenous spread via right-to-left shunting, a cerebral abscess was the primary clinical consideration. Initial computed tomography (CT) imaging revealed a hypodense lesion in the left parietal lobe with significant mass effect (Panel A). Subsequent MRI demonstrated a ring-enhancing lesion with localised vasogenic oedema (Panel B & C). Although the imaging morphology was highly suggestive of a pyogenic abscess, the patient remained systemically well with stable inflammatory markers. Neurocysticercosis serology returned positive on enzyme-linked immunosorbent assay (ELISA), and retrospective review of the imaging favoured a colloidal vesicular stage of Taenia solium infection. The patient was successfully transitioned from empirical antibiotic therapy to cytocidal treatment with albendazole and praziquantel, in combination with corticosteroids, resulting in seizure control and radiological improvement. Follow-up contrast-enhanced CT performed three weeks after treatment initiation demonstrated a 48.8% reduction in the volume of the left parietal rim-enhancing lesion (from 8.13 cm^3 to 4.16 cm^3), with marked resolution of surrounding vasogenic oedema and mass effect, consistent with a favourable treatment response (Panel D). This case highlights the diagnostic challenge posed by ring-enhancing intracranial lesions and emphasises the need for refined clinical and radiological judgment when interpreting these findings, especially in the paediatric population.