Isolated Cutaneous Cysticercosis Mimicking Tubercular Lymphadenitis

Cysticercosis is an uncommon etiology of subcutaneous swellings in children [1]. A 6-year-old boy was referred to us as a case of submandibular lymphadenopathy to rule out tubercular etiology. The swelling in the left submandibular region was of 3-month duration, insidious in onset, gradually increasing in size, and not associated with pain or fever. There was no history of any swelling at other sites. Examination revealed a 2×2 cm, round, smooth non-tender swelling not attached to the underlying muscle. General and systemic examinations were normal. Retroviral screening was negative. Mantoux test with 1TU was 4mm. *X*-Ray chest was normal. Fine needle aspiration cytology (FNAC) revealed predominant lymphocytes and epitheloid granuloma with caseating necrosis suggestive of tuberculosis. Since there was no other pointers towards diagnosis of tuberculosis, we planned excisional biopsy. Meanwhile, the cyst became tender and fluctuant requring incision and drainage. During the procedure, along with pus, a cystic swelling popped out that was sent for histopathological examination (***Fig.* 1**). Biopsy revealed the presence of scolex with cyst wall consisting of 3 layers: an outer or cuticular layer, a middle cellular layer and an inner fibrillary layer lined by foreign body giant cells and lymphocytes (***Fig.* 2**). Whole body MRI and ophthalmological examination, done to rule out disseminated cysticercosis, were normal. The most common site of occurrence of soft tissue cysticercosis is skeletal muscles of the upper extremities. The viable cyst usually induces no or minimum immune response, but the dying cysticercus (when the outer wall starts degenerating) induces inflammation that may be associated with granuloma formation mimicking tuberculosis.

Cutaneous cysticerci do not carry much risk to the patient's health, but they are often a pointer to the involvement of internal organs, like brain [2], but also could be isolated finding [3]. Cutaneous cysts without involvement of the internal organs are treated with excision.

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Fig. 1 *Gross appearance of the cyst from swelling.*

Fig. 2 *Stained microsection showing cystic wall structure.*

References

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