LETTER TO THE EDITOR

Orbital cysticercosis and third nerve palsy. Reply

Viroj Wiwantikit et al. are concerned about possible differential diagnosis in the case of orbital cysticercosis reported by El Hamdaoui et al. If serological diagnosis can indeed be subject to false positivity and crossed reactions with other parasitic conditions, such as echinococcus or gnathostomiasis, the clinical and radiological findings of these conditions are very different.

In cerebral gnathostomiasis, the hallmark on MRI is the detection of hemorrhagic tracks, which were not observed in our case. The magnetic resonance signal of a hemorrhagic lesion varies in acute, subacute, and chronic lesions. For this reason, on T1- and T2-weighted imaging, both hypointensities and hyperintensities have been documented. No gradient-echo T2-weighted sequences have been reported in neurognathostomiasis. These findings were not present in our case.

Differential diagnosis with orbital echinococcus can be difficult as pointed out by Viroj Wiwantikit et al. However, given the positivity of the serology, the frequency of each condition, and the evolution on treatment, we stated the diagnosis of cysticercosis.

Finally, we would like to emphasize the fact that the patient that we reported did not suffer from a real third nerve palsy. Limitation of the movements was related to the severe inflammation within the muscular complex formed by the superior rectus and the levator, mimicking a third nerve palsy.

Disclosure of interest

The author declares that she has no conflict of interest concerning this article.

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