A 33-year-old female Peruvian patient presented with a 10-year history of secondary generalized seizures. Initial neuroimages showed brain lesions compatible with cysticercosis including an extensive subarachnoid lesion in the right temporoparietal convexity and multiple intraparenchymal viable cysts and calcifications. She received a course of albendazole (ABZ) at 15 mg/kg/d, stopped at day 15 because of increased liver enzymes that returned to normal values after suspension of ABZ treatment. The subarachnoid lesion markedly decreased in size, and most parenchymal cysts resolved. After 1 year, a ventricle-peritoneal shunt was placed, and a second course of ABZ was needed because of re-growth of the subarachnoid lesion and persistence of four viable parenchymal cysts. All cysts resolved after a second course of anti-parasitic treatment. Neurocysticercosis is a frequent cause of seizures in most of the world. This case illustrates the effect of anti-parasitic therapy to kill parasite cysts, the frequent need for successive courses of therapy, and the potential of subarachnoid lesions to grow and cause obstructive hydrocephalus. Even after successful anti-parasitic treatment, the remaining calcified scars persist, acting as foci of relapsing inflammation and seizures.

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FIGURE 1. **Left.** Magnetic resonance image showing intraparenchymal cysts and a wide subarachnoid cyst in the subarachnoid space of the convexity. **Right.** Three-dimensional and multiplanar computed tomography scan reconstruction 30 days after a second course of anti-parasitic treatment, showing multiple residual calcifications and a ventricle-peritoneal shunt system. The scan was performed at 3-mm intervals in a Siemens Somatom Plus IV Helical scanner (Erlangen, Germany).