Images in Clinical Tropical Medicine
Positional Headaches in a Young Brazilian Woman

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A 26-year-old Brazil-born woman was hospitalized because of severe headaches that increased in severity when she moved her head. T2-fluid attenuated inversion recovery magnetic resonance imaging showed a cystic-like lesion in the right occipital horn of the lateral ventricle (Figure 1). Repeat magnetic resonance imaging of a ventral decubitus position showed that the free-floating cyst shifted anteriolaterally to the base of the lateral ventricle (Figure 2) and partially occluded the interventricular foramen (Figure 3). Enzyme-linked immunosorbent assay identified IgG against Taenia solium cysticercosis in cerebrospinal fluid and serum samples.

She underwent uneventful neuroendoscopic removal of a 1.3-cm cyst (Figure 4) that was histologically compatible with a T. solium larval stage infection. Positional headaches, a characteristic feature of spontaneous intracranial hypotension, cluster headaches, and various brain tumors such as colloid cysts, are commonly self-reported by patients with intraventricular neurocysticercosis. Infections with this parasite result in partial

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Figure 1. T2-fluid attenuated inversion recovery magnetic resonance imaging (transverse section) of the patient, showing a free-floating Taenia solium cyst (arrow) in the right occipital horn of the lateral ventricle (supine position).

Figure 2. Repeat T2-fluid attenuated inversion recovery magnetic resonance imaging of the patient in a prone position, showing a Taenia solium cyst (arrowhead) shifting anteriolaterally to the base of the lateral ventricle.

Figure 3. T1-magnetic resonance imaging (sagittal section) of the patient, showing a Taenia solium cyst (*) partially occluding the third ventricle.
and temporary cerebrospinal fluid obstruction of the ventricular system.\(^1\) Neuroendoscopic removal has been performed in persons with intraventricular neurocysticercosis and shows minimal perioperative complications,\(^2\) such as in our patient.

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