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### RESEARCH ARTICLE

#### WORMS PREVENTING EYE - RISE

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#### Abstract

Diplopia is a commonly seen complaint in routine outpatient practice. However, unilateral diplopia in upward gaze in a middle aged gentleman, warrants a higher index of suspicion of mechanical causes. We here present one such interesting cause of diplopia due to a cysticercal infection of the Superior Rectus muscle.

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#### Introduction:-

A 48 year old gentleman presented with an insidious onset of diplopia on upward gaze since 1 month. He complained of reduced movement of the globe in upward direction on the right side. There was no associated history of trauma, fatigability, diurnal variation or ptosis in the same or the fellow eye. Other than his superior rectus on the right all other extra-ocular muscle movements were normal and full range. There was no evidence of 3<sup>rd</sup> nerve involvement either. Hence we thought of a mechanical cause for the same and imaged the gentleman's orbit.

To our surprise we saw a lesion involving the entire length of the right superior rectus muscle which was hypointense in its core but taking up contrast along its margins brilliantly as shown. To find out what the lesion could be we did a fat-saturated orbit sequence in MRI which to our surprise showed a cystic lesion with the presence of a scolex in its posterior aspect (best seen in the sagittal image). To confirm we did a MRI-CISS 3D sequence which is a heavily T2 weighted image where CSF acts as an auto-contrast and this confirmed the presence of not just a scolex on the lesion but was also able to detect multiple lesions in the brain parenchyma, which were at varying stages in their clinical course. We confirmed the lesions were indeed due to Neurocysticercosis with the help of markedly elevated IgG antibodies in the CSF of the patient.

We present this case to highlight the importance of keeping infections as a top differential even for evaluation of ptosis, especially when there are no other risk factors.

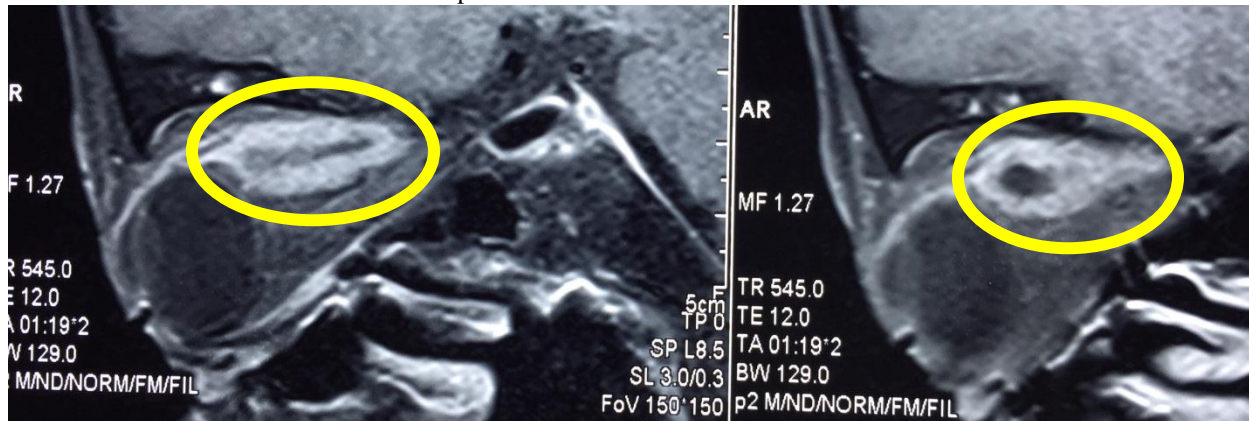
**Figure 1:-** Shows a T1-post contrast image showing a hypointense lesion with brilliant contrast uptake involving the right superior rectus as shown.



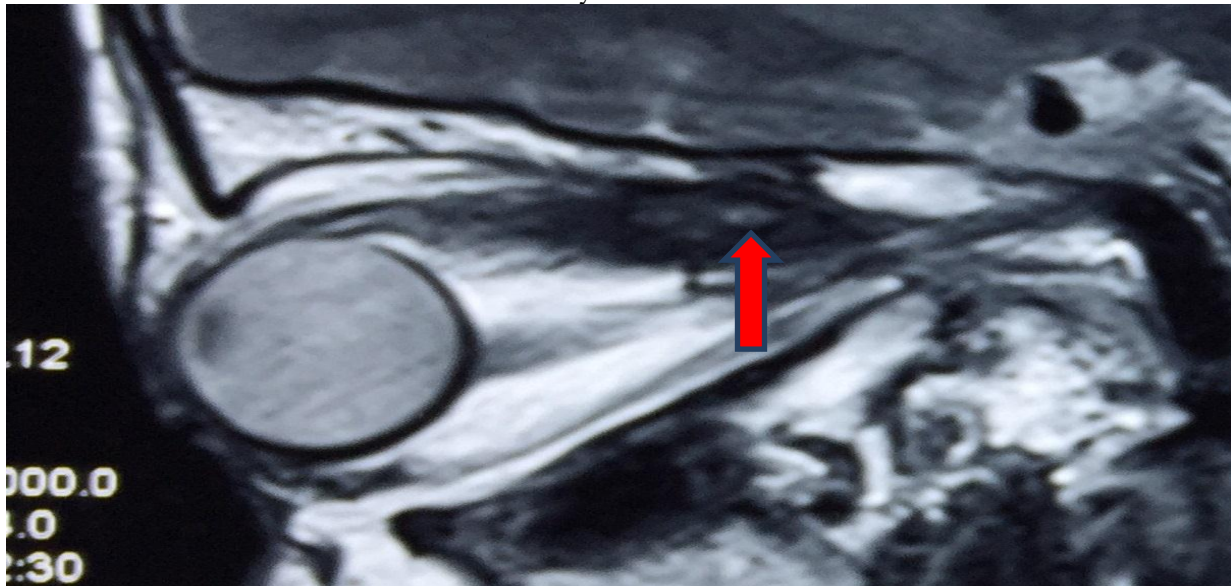
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**Figure 2:-** Shows the sagittal T1 post contrast images which show the involvement of the entire length of the superior rectus muscle as described.



**Figure 3:-** Shows the sagittal fat-saturated sequence which shows the presence of a cystic lesion with the presence of a hypointense scolex (marked by red arrow) inside the hyperintense cavity which is the hallmark for a diagnosis of cysticercosis.



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