

Neuroschistosomiasis Mimicking High Grade Glioma

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A Brazilian 25-year-old woman presented frontal headache, generalized tonic clonic crisis and left hemiparesis of crural predominance. No lesions were observed by unenhanced CT and after 30 days of discharge an enhanced MRI showed an image suggestive of high-grade glioma (**Figure 1**).

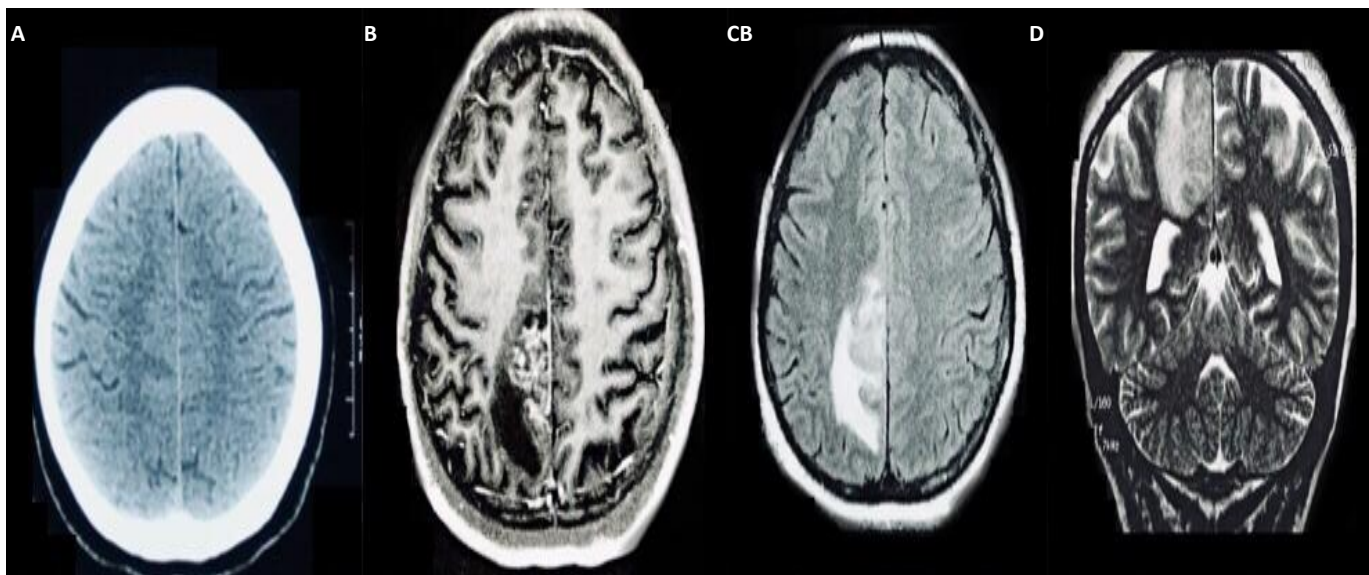


Figure 1: Brain CT with no radiological findings (A). One month after MRI showing in B an enhanced fronto-parietal lesion with high signal in flair (C) and T2 image (D).

Gross total resection was achieved and lesion with uncommon aspect infiltrated the cerebral cortex and white matter. Histological sections show brain tissue with chronic granulomatous inflammatory process with necrosis, multi nucleated giant cells and *S. Mansoni* eggs (Figure 2).

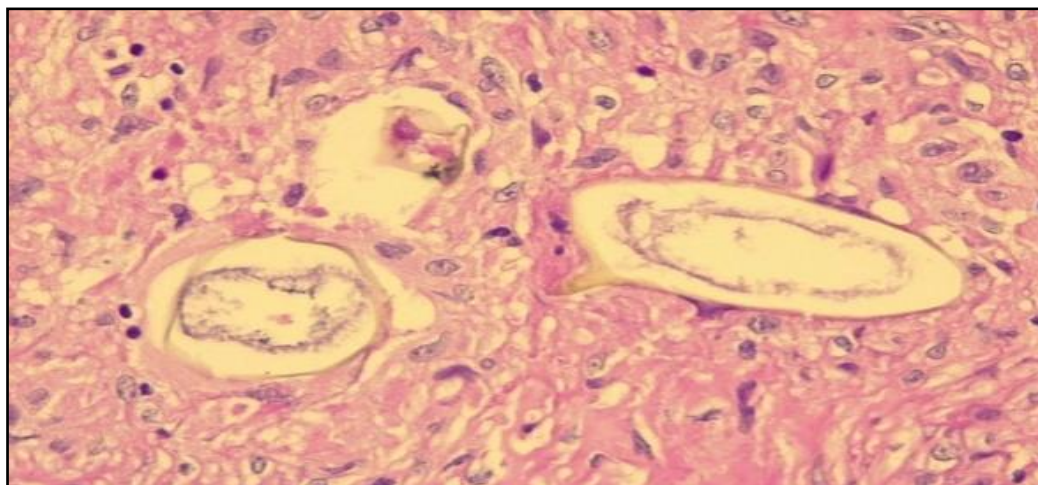


Figure 2: Pathologic H.E. image showing chronic granulomatous inflammatory process with necrosis, multi nucleated giant cells and *S. mansoni* eggs.

Cerebral schistosomiasis (CS) most frequently occur in cases of Japanese schistosomiasis than in Mansoni schistosomiasis [1,2]. A pseudotumoral encephalic presentation is rare and frequently symptomatic [3,4]. This case demonstrates the importance of considering the neuroschistosomiasis as differential diagnoses of encephalic lesions in endemic areas.

Author Disclosures

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