

## **PS1.236**

### **Not all dementias**

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**Background & Aim:** Our patient is a 52 years old man, natural Guinea-Bissau. He comes to our clinic for 3 years. He has not returned to his country at this time. Share housing with five compatriots. Personal history: no drug allergies. No cardiovascular risk factors, or toxic habits. He is working in a glass house. Speaks few Spanish. HB past and resolved. Came to our clinic referring forgetfulness, and difficulty doing basic tasks like shopping. He is included in dementia process for a brain CT where we found a cyst compatible with neurocysticercosis. We prescribed albendazole 800mg for 7 days and steroids.

#### **Method:**

Hemogram: Normal without eosinophilia. Structural hemoglobinopathy is discarded.

Biochemistry: Normal. Ig E: 7.42. Serology: HIV and Lues negative. Filaria, Schistosoma and Strongyliodes: Negative Normal urine. Parasites in feces, blood and urine negative.

EKG: normal sinus rhythm.

Rx Chest: Growth bilateral hilar right predominance (similar to previous).

**Results:** Neurocysticercosis.

**Conclusions:** Neurocysticercosis is an affection of the central nervous system by the larvae of the *Taenia solium*. Although its diagnosis in our country is exceptional, in recent years a notable increase in the number of cases diagnosed has been observed, due to the phenomenon of immigration from countries where the disease is endemic. The most frequent form of presentation of neurocysticercosis is seizures, followed by headache. To diagnose it we must evaluate the epidemiological data, the clinical record and confirm this through neuroimage and immunological studies. The treatment selected should be pharmacological, principally with albendazole, and surgery reserved for cases where the former fails. Hygienic measures and the treatment of patients with teniasis are of great importance.

Given the foreseeable increase of its incidence in our milieu, health professionals must understand this disease and include it at higher levels of the algorithms of differential diagnosis. It is important to consider the history of the patients, in this case the case was raised at the Health Center and found the existence of another patient who presented similar symptoms, who performed the CT scan showed several similar cystic lesions, which required stay at hospital and intravenous therapy.