INTRA-OCULAR CYSTICERCUS*

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ALTHOUGH intra-ocular *Cysticercus* is rarely seen by the practising ophthalmologist, its occurrence has frequently been reported in the literature. This case is reported because of its unusual presentation and because we believe that the fundus photographs are the first to be published.

Case Report

A 21-year-old African female came to St. John's Ophthalmic Hospital on June 30, 1959, because of blindness in the right eye. The vision had deteriorated in this eye over the past 9 months, but she had never experienced pain.

Examination.—The visual acuity of the left eye was 6/6 and the eye was apparently normal.

The outward appearance of the right eye was normal. The pupil did not react to direct light, but the consensual reaction was present.

The ophthalmoscope revealed an absence of the normal red reflex. The retinal vessels and disc were obscured by clouding of the vitreous. A large white circular mass was noted in the lower inner quadrant of the vitreous adjacent to the retina. No keratic precipitates or flare were present in the anterior chamber, and the ocular tension was normal.

The patient was admitted for investigation with the tentative diagnosis of an inflammatory mass in the vitreous.

Two days after admission, during routine examination of the eye, a clear picture was seen of a *Cysticercus* larva protruding from the white mass (Fig. 1*a, b*), and a red ring was observed approximately 3 disc diameters around the white mass.

FIG. 1 (*a, b*).—Body, scolex, and suckers clearly seen.

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FIG. 2 (a, b).—Demonstration of pendulum-like movement.

A slow pendulum-like movement was noted (Fig. 2a, b) and, as the larva took up a position in a line between the observer's eye and the mass, it disappeared into the body of the mass (Fig. 3). This was its most favoured position and was responsible for the fact that, although the eye was examined at least three times a day, we were able to see the organism only once or twice a week.

Positioning the patient, flashing bright lights into the pupil, and pressure on the eye did not appear to stimulate movement.

All laboratory examinations gave negative results, except the complement-fixation tests, which were positive for *Cysticercus* and hydatid. The patient admitted that she ate a great deal of pork and that 18 months previously she had passed tape-worm segments for which successful medical treatment had been given by a general practitioner.

Progress.—During her stay in hospital no tape-worm segments were observed in the stools. She remained in hospital for 6 weeks without any change in the right eye, and refused surgical treatment. A course of Hetrazan was given before she was discharged. One month after leaving the hospital the patient returned because the affected eye was now painful and beginning to shrink. Circumcorneal injection, keratic precipitates, and a flare were present, and the vitreous was opaque, but the patient still refused surgery.

Summary

A case of *Cysticercus cellulosae* is presented with interesting fundus photographs which clearly show the movements of a live larva.

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FIG. 3.—Retraction of larval cyst into white mass.