

14.15.03

PRAZIQUANTEL FOR NEURO-CYSTICERCOSIS
 PRM Bittencourt, TV Oliveira, S Mazer

A number of regimens with praziquantel, dexamethazone and surgical excision have been used in neuro-cysticercosis with varying degrees of success. We have carried out a prospective study to assess the efficacy of praziquantel (50mg/kg/day for 15 days) combined with dexamethazone (dose according to degree of intra-cranial hypertension) and ventriculo-peritoneal shunting in 28 patients aged 2-62 years (mean 29). Routine laboratory tests were performed before treatment, and CSF and CT scan before and on days zero, 90, 180 and 360 after treatment. Seven patients had relapses and underwent 9 courses of re-treatment with dexamethazone and praziquantel. In 6 cases 75mg/kg/day for 15 days was used. At this time, with 5±5 months follow-up (mean±sd), 75% of the 28 patients are in remission. Shunting was performed in 3 cases. These results confirm previous reports of the efficacy of such a regimen in 3/4 of cases, but emphasize the lack of complications of therapy, to the extent that larger doses (75mg/kg/day) were used with no untoward effects. Unidade de Neurologia Clínica, Hospital Nossa Senhora das Graças, Rua Alcides Munhoz, 433, 80.000 Curitiba, Paraná, Brasil.

14.15.05

**HISTOPLASMOSIS OF THE CENTRAL NERVOUS SYSTEM:
 REPORT OF FOUR CASES**

E.G. Mutarelli, E.B. Casella, H.B. Scapolan and J.P.S. Nobrega

Involvement of the central nervous system by *Histoplasma capsulatum* is relatively rare, with a greater risk to children, elderly people and people with low levels of immunological defense.

Four patients with CNS histoplasmosis are reported; they represent 9.5% of all patients with histoplasmosis admitted to the Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, from January 1954 to July 1984.

Diagnosis was established by positive titers of complement fixation test (CFT) in the cerebrospinal fluid (CSF) in all four cases. Additionally a positive culture of CSF for *H. capsulatum* was obtained in one patient, and histopathological confirmation in two others. Meningeal involvement was found in 2 patients, parenchymal granulomatosis in 2 others.

All the patients were given amphotericin B therapy; two patients were successfully treated; one other received 2 courses of amphotericin B interposed with a series of miconazole, because CFTs in the CSF were increasing. At the time of hospital discharge, these 3 patients had no symptoms and negative CFT titers. One patient died at the beginning of treatment. The authors emphasize the validity of the CFT in the CSF for the diagnosis of CNS histoplasmosis, as well as the importance of this entity in the differential diagnosis with chronic meningitis and space-occupying lesions of the CNS. Computerized tomographical recordings from two of the patients will be presented

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14.15.04

NEUROLOGICAL LONG-TERM SEQUELAE OF CEREBRAL MALARIA
 E. Schmutzhard, F. Gerstenbrand, J. Rainer

Approximately 1.5% of all *Plasmodium falciparum* infections present as cerebral malaria with a reported mortality rate of up to 33%. So far little is known about its neurological long-term sequelae. This paper reports in 69 cases of cerebral malaria, 66 of whom were seen at Mero-Hospital, Tanzania and 3 at the Neurological Department of the University Hospital, Innsbruck, Austria. The diagnosis based on clinical features, positive blood slide and exclusion of septic or aseptic meningoencephalitis by examination of the CSF. 51 patients were seen within 6 to 9 months after the acute illness, one patient 4 years later and 5 patients absconded. In three patients seen at Innsbruck additional examinations, like EEG, CAT scan and neuropsychological testing were performed. The following table shows the results:

no residual symptoms	39	56.5 %
hemiparesis/hemihyphaesthesia	3	4.3 %
organic psychosyndrome and residual epilepsy	1	1.4 %
residual epilepsy	2	2.9 %
hemiparesis and residual epilepsy	1	1.4 %
death in bulbar brain syndrome	12	17.4 %
patients not seen	5	7.2 %

n = 69 99.8 %

As the table shows, neurological long-term sequelae do occur, apparently more frequently than it is generally assumed (WARREL et al., N Engl J Med 1982. 306, 313-319).

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14.15.06

**CLINICAL AND C.T. SCAN CORRELATION OF HYDATID
 CYSTS OF THE CNS. A REVIEW OF 10 CASES**
 G. R. MEHRVAR, S.A. TAHAMI

Hydatid cysts of the C.N.S. are seen in "endemic" areas of the world and in countries where sheep are raised. They can produce symptoms and signs of space occupying lesions. They can be seen in the orbits, cerebral hemispheres, posterior fossa and spinal cord. They are often seen in children. C.T. scan is a very useful diagnostic procedure. Hydatid cysts are seen as a well defined, regular, hypodense circular masses. No capsular enhancement and no edema around the cysts can usually be seen.

In the "endemic" countries when ever such a lesion is observed hydatid cysts should be considered. Care must be taken not to render the cysts ruptured. The best therapeutic approach is total surgical removal.

Follow up C.T. scans are suggested in order to diagnose recurrent cysts.

We report 10 of our cases.

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