

**CYSTICERCOSIS MASQUERADING AS ANGULAR DERMOID: KNOWING THE HISTOPATHOLOGY**

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A 22-year old male presented with swelling in the medial aspect of the left upper lid since 3 months. On examination 1.5x1cm soft cystic mass medially on the upper lid with mild mechanical ptosis, normal extraocular movements. Anterior and posterior segment were unremarkable. NCCT Orbit showed dermoid cyst. Excision biopsy was done and histopathology specimen sent which showed cysticercosis. Cysticercosis is a parasitic infestation of the larva of *Taenia solium*, a cestode. Due to unusual site and no signs of inflammation was misdiagnosed as angular dermoid.<sup>[1]</sup> Adnexal cysticercosis may masquerade as dermoid cyst, epidermoid cyst, neurofibroma, lipoma, sebaceous cyst.<sup>[2]</sup> This makes histopathology play a role in diagnosis. The histopathology figure 1 shows multi-layered cyst wall (Black arrowhead) with a single invaginated scolex arranged in convoluted spiral forms (curved bracket) containing refractile hooklets (red star) seen. c) The inner layer of cyst wall thrown into folds (yellow arrow) shows hyaline degeneration with scanty inflammatory cells. Figure 2 shows refractile hooklets (red star).

**KEYWORDS:** Cysticercosis, scolex, orbital mass, taenia soli.

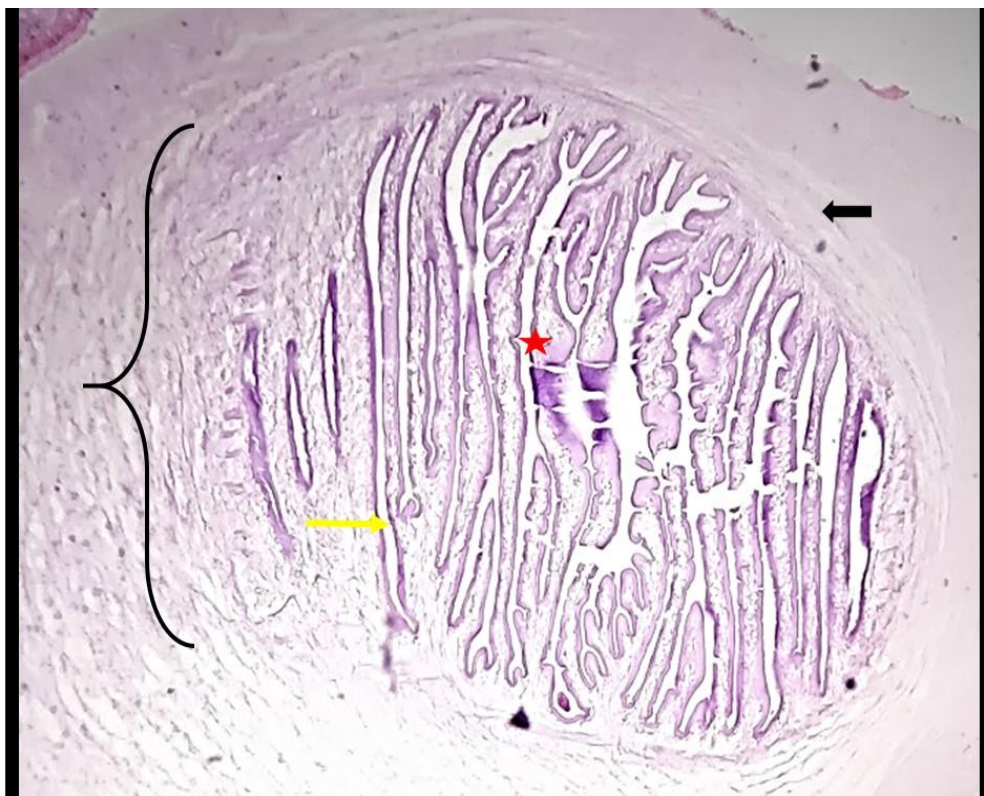


Figure 1: Histopathology of the excision biopsy specimen.



Figure 2.



Figure 3: Clinical photo of the left upper lid mass

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