Section: Pathology

Case Report

CYSTICERCOSIS AND CANDIDA CO-INFECTION PRESENTING AS A CERVICAL SWELLING: A RARE CASE REPORT

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ABSTRACT

Background: Cysticercosis is an infection caused by Cysticercus cellulosae. Humans are definitive hosts, whereas pigs are intermediate hosts. It is clinically characterized as asymptomatic solitary or multiple submucosal or cutaneous firm, circumscribed and movable nodule. Invasive fungal infection in humans, most commonly caused by Candida species. Candida infection causing cervical swelling is a rare presentation. Here we are reporting an unusual presentation of Candida and cysticercosis co-infection which is presented as cervical swelling.
Case Report: A 16-year-old male presented with multiple left cervical firm swellings. Clinically it was suspected as tuberculous lymphadenopathy. Fine needle aspiration cytology (FNAC) was advised and on FNAC, thick whitish granular fluid was aspirated, on microscopic examination, cytological diagnosis of cysticercosis along with candida infection was made.
Discussion: Cysticercosis commonly affects the individuals between 3rd and 4th decade of life. Intramuscular cysticercosis was reported in majority with the disseminated form of the disease. Hence, it warrants proper investigations to rule out neurological and ocular involvement. Candida species are the most common cause of invasive fungal infection in immunocompromised human. Candida infection causing cervical swelling in immunocompetent host is a rare presentation and we reported a case of 16 years old male patient who presented with multiple cervical swellings and on FNAC Cytological diagnosis of cysticercosis along with Candida infection was made which is a rare presentation and, in our literature search no such case was found which make this case a rarest presentation.
Conclusion: This case highlights a rare, complex presentation of neck swelling requiring multidisciplinary attention, combining both parasitic and fungal diagnostics for an accurate, timely diagnosis and treatment.
Keywords: cysticercosis, candida, cervical swelling.

INTRODUCTION

Cysticercosis is a parasitic infection which is caused by Cysticercus cellulosae, the larval form of Taenia solium. Humans are definitive hosts, whereas pigs and wild hogs are intermediate hosts. Cysticercosis is clinically characterized by the presence of asymptomatic solitary or multiple submucosal or cutaneous firm to cystic, circumscribed and movable nodule.[1] Soft tissue cysticercosis lesions are usually described with neurological, ocular or hepatic involvement.[2] Invasive fungal infection in humans, most commonly caused by Candida species, which is life threatening if the host is immunocompromised.[3] Candida infection causing cervical swelling is a rare presentation. Here we are reporting an unusual presentation of Candida and cysticercosis co-infection which is presented as cervical swelling. In our literature search for this type of co-infection presenting as cervical swelling, no such case was found. So, we are reporting this case for its uniqueness.

CASE REPORT

A 16-year-old male presented with multiple left cervical firm swelling measuring from 2X1 cm to 1.5 X1 cm. Clinically it was suspected as tuberculous lymphadenopathy as the patient was giving the history of cough and weight loss for 2 months. Fine needle aspiration cytology (FNAC) was advised and on FNAC, thick whitish granular fluid was aspirated, smears prepared and examined, on microscopic examination multiple hooklets, fragments of parasitic bladder wall in the form of fibrillary bluish material with interspersed small nuclei, and at places, they revealed a honeycomb appearance. At places budding yeast and candida spores were also identified. Background comprised of mixed inflammatory cell infiltrate consisting of eosinophils, lymphocytes, neutrophils and histiocytes. Cytological diagnosis of cysticercosis along with candida infection was made [Figure 1,2].

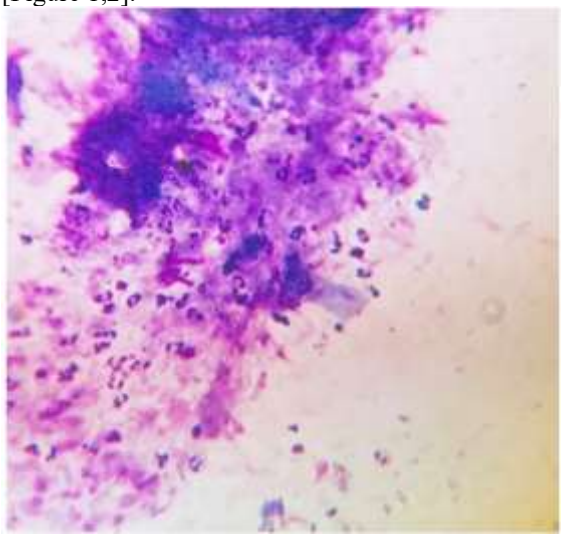

Figure 1: Giemsa-stained photomicrograph showing budding yeast along with candida fungal spores along with cysticercosis bladder wall against a background of mixed inflammatory infiltrate (400X).

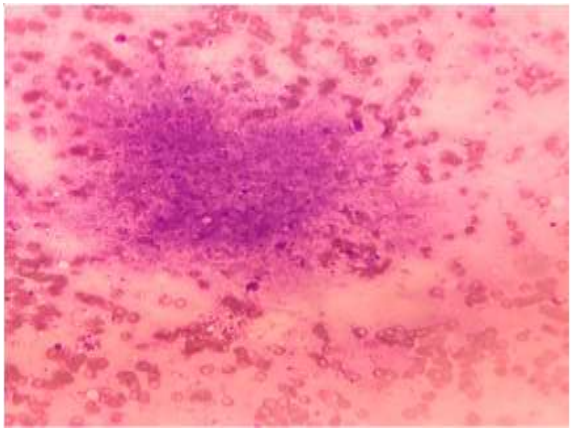

Figure 2: Giemsa-stained photomicrograph showing bladder wall of cysticercoses against a hemorrhagic background (400X).

DISCUSSION

Cysticercosis commonly affects the individuals between 3rd and 4th decade of life.[4] Intramuscular cysticercosis was reported in majority with the disseminated form of the disease. Hence, it warrants proper investigations to rule out neurological and ocular involvement. In the type involving the muscle —three different clinical manifestations are there (1) myalgic type/mass-like, (2) pseudotumor/abscess-like, (3) pseudohypertrophic type.[2] Candida species are the most common cause of invasive fungal infection in immunocompromised human.[3] Candida infection causing cervical swelling in immunocompetent host is a rare presentation and we reported a case of 16 years old male patient who presented with multiple cervical swellings and on FNAC Cytological diagnosis of cysticercosis along with Candida infection was made which is a rare presentation and, in our literature search no such case was found which make this case a rarest presentation. Fine-needle aspiration cytology is considered a diagnostic tool for subcutaneous swelling in cervical region.[5]

CONCLUSION

This case highlights a rare, complex presentation of neck swelling requiring multidisciplinary attention, combining both parasitic and fungal diagnostics for an accurate, timely diagnosis and treatment.

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