

NEUROCYSTICERCOSIS: A DISEASE OF IGNORANT PEOPLE IN DEVELOPING COUNTRIES?

Dear Sir,

Neurocysticercosis is a common parasitic disease of the central nervous system caused by the encysted larval stage, *Cysticercus cellulosae*, of the tapeworm, *Taenia solium* (*T. solium*) commonly found in pork. The disease accounts for up to 12% of all admissions to neurological hospitals and is the leading cause of acquired epilepsy in adults.⁽¹⁾

The two main sources from which humans contact cysticercosis are ingestion of food contaminated with *T. solium* eggs, such as uncooked pork and the faecal-oral route in individuals harbouring the intestinal cestode.⁽²⁾ Analysis of dietary habits of patients have shown statistically significant difference in seropositivity rates in non-vegetarians (15.4%), compared to vegetarians (6.9%) (p-value < 0.001).⁽³⁾ Although the disease is thought to be more common in non-vegans, recent studies have shown the appearance of the disease in strict vegetarians too.^(4,5) The possible reasons for this, we suggest, is the attitude of the people towards health.

With the arrival of professions with high-end pay (like software professions and call centre jobs), people hardly get enough time to exercise, resulting in diseases associated with obesity. In their quest to lose weight, people end up doing crash diets. Fresh vegetables always form the bulk of the diet in many weight loss programmes. Ignorance of the people about the spread of the disease, adds to the magnitude of the problem, resulting in the appearance of new cases as stated above. Even though the disease is presumed to be more common in the poorer communities, the clinicians should not ignore the possibility of its occurrences in the upper crust of society due to the reasons mentioned above. In our view, creating an awareness among the people about the possible mode of the spread of the disease, and education on the cleanliness required while consuming raw vegetables, should be the primary responsibility of all healthcare professionals and epidemiologists dealing with such patients.

Yours sincerely,
Ashwin Krishnamurthy
Soubhagya R Nayak
S J Madhan Kumar
Latha V Prabhu

Department of Anatomy
Centre for Basic Sciences
Kasturba Medical College
Bejai, Mangalore 575004
India
Tel: (91) 824 2211 746
Fax: (91) 824 242 8183
Email: anataashwin@gmail.com

REFERENCES

1. García HH, Gilman R, Martínez M, et al. Cysticercosis as a major cause of epilepsy in Peru. The Cysticercosis Working Group in Peru (CWG). *Lancet* 1993; 341:197-200. Comment in: *Lancet* 1993; 341:568.
2. Sotelo J, Del Brutto OH. Review of neurocysticercosis. *Neurosurg Focus* 2002; 12:e1.
3. Singhi P, Singhi S. Neurocysticercosis in children. *J Child Neurol* 2004; 19:482-92.
4. Kuruville A, Pandian JD, Nair M, Radhakrishnan VV, Joseph S. Neurocysticercosis: a clinical and radiological appraisal from Kerala State, South India. *Singapore Med J* 2001; 42:297-303.
5. Abdelwahab IF, Klein MJ, Hermann G, Abdul-Quader M. Solitary cysticercosis of the biceps brachii in a vegetarian: a rare and unusual pseudotumor. *Skeletal Radiol* 2003; 32:424-8.