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Images in Clinical Tropical Medicine

Myelitis Caused by Infection of *Angiostrongylus cantonensis*

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A 32-year-old man presented to our hospital on July 5, 2006, after the onset of headache, paresthesias of the left upper limb for 10 days, and weakness for 7 days before admission. He had eaten an inadequately cooked *Pomacea canaliculata* 20 days previously. Laboratory testing indicated a normal white blood cell count of 6,700/mm^3 with mild eosinophilia of 7.8% (523/mm^3).

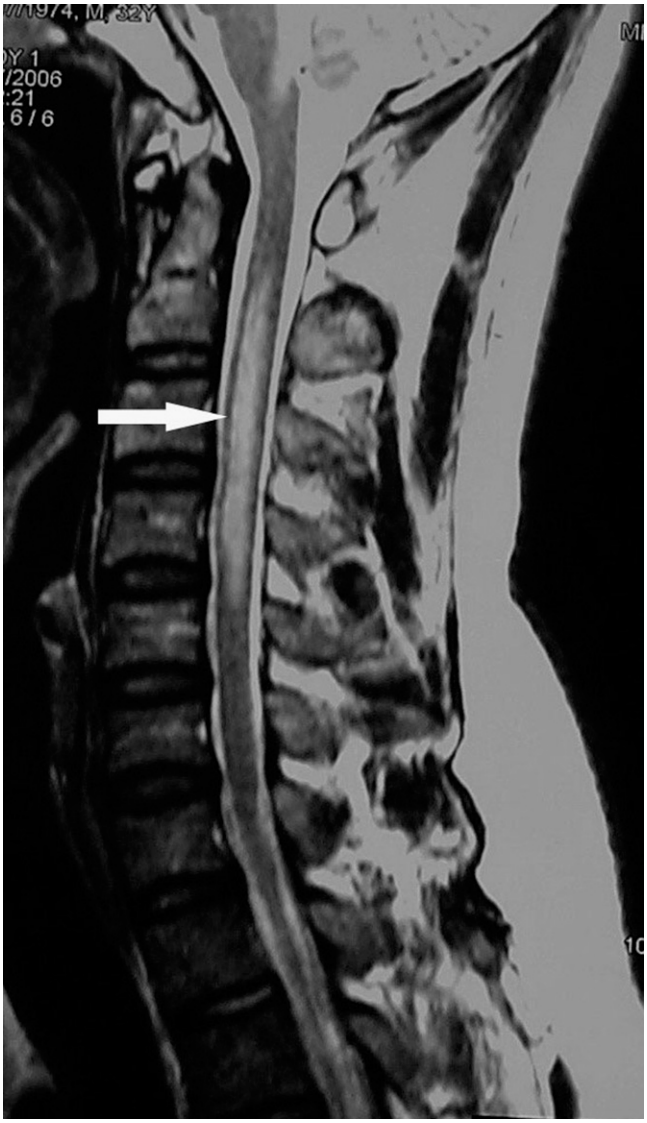

FIGURE 1. A lesion in the cervical spinal cord presented as hyperintense on a sagittal T2WI.

A lumbar puncture test showed an opening pressure of 220 mm H_2O and 160 cells with 23% eosinophils, and cerebrospirnal fluid (CSF) cultures were negative. We detected the circulating antigens (CAg) of *Angiostrongylus cantonensis* by double antibody sandwich enzyme-linked immunosorbent assay (ELISA), and they tested positive. This method had a high sensitivity (86.4%), and no cross-reactions with sera from patients with many other parasites were observed.[1] Therefore, the result was helpful for diagnosis. Spinal magnetic resonance imaging (MRI) showed a lesion with high signal intensity in the cervical spinal cord on both sagittal and transverse T2-weighted imaging (T2WI) (Figures 1 and 2) at 9 days after admission.

On the basis of history, clinical presentation, and examinations, a diagnosis of angiostrongyliasis was made,[2] and the patient was treated with a combination of albendazole and dexamethasone. Symptoms of headache and paresthesia

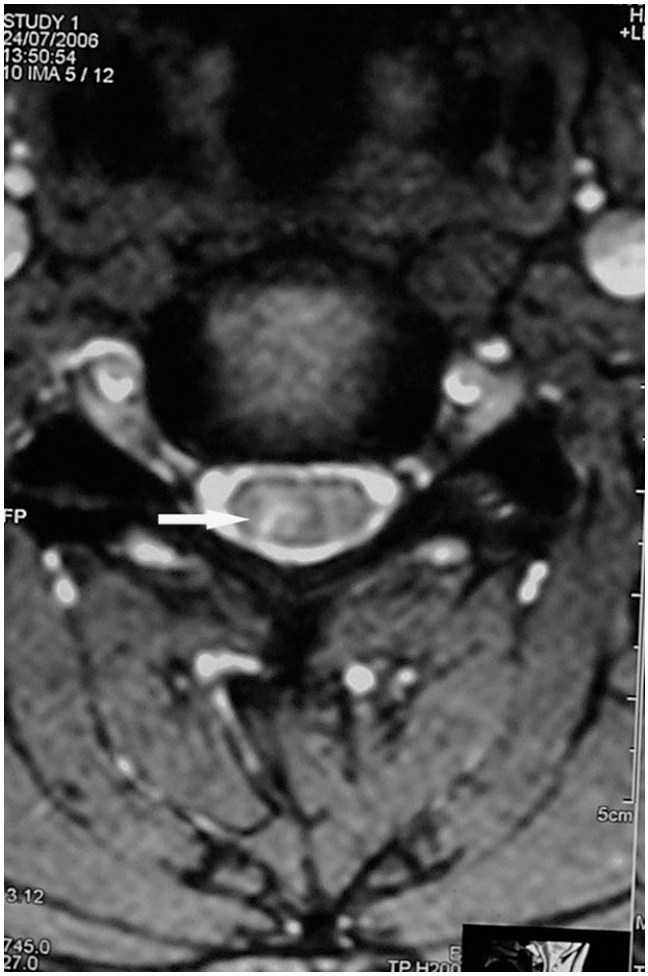

FIGURE 2. A lesion in the cervical spinal cord presented as hyperintense on a transverse T2WI.

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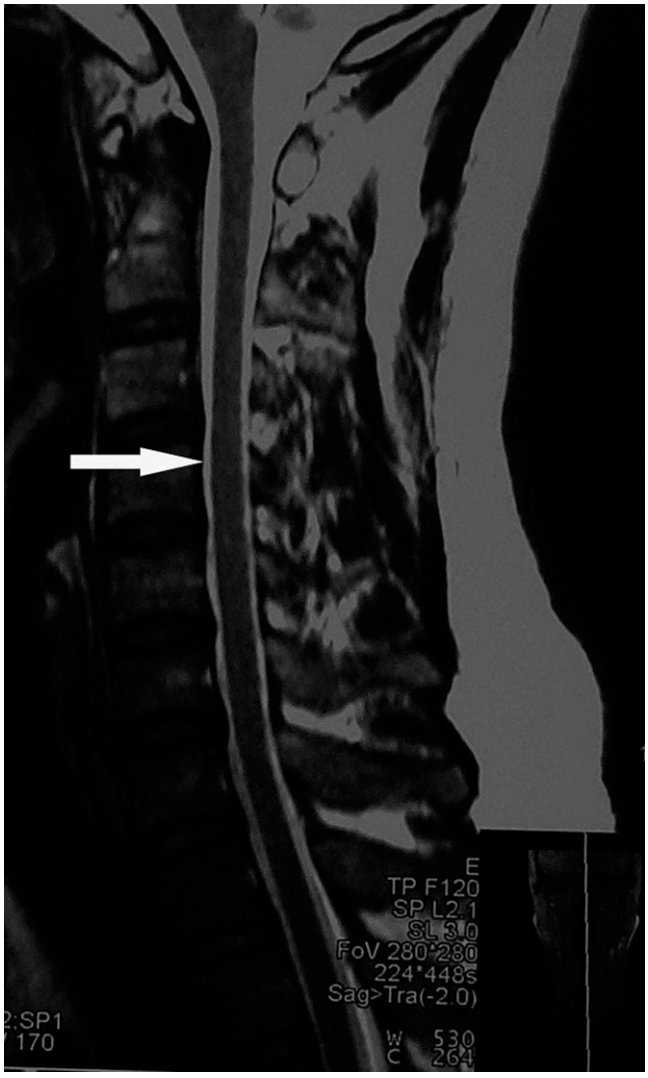

FIGURE 3. The abnormally high signal on a sagittal T2WI completely disappeared.

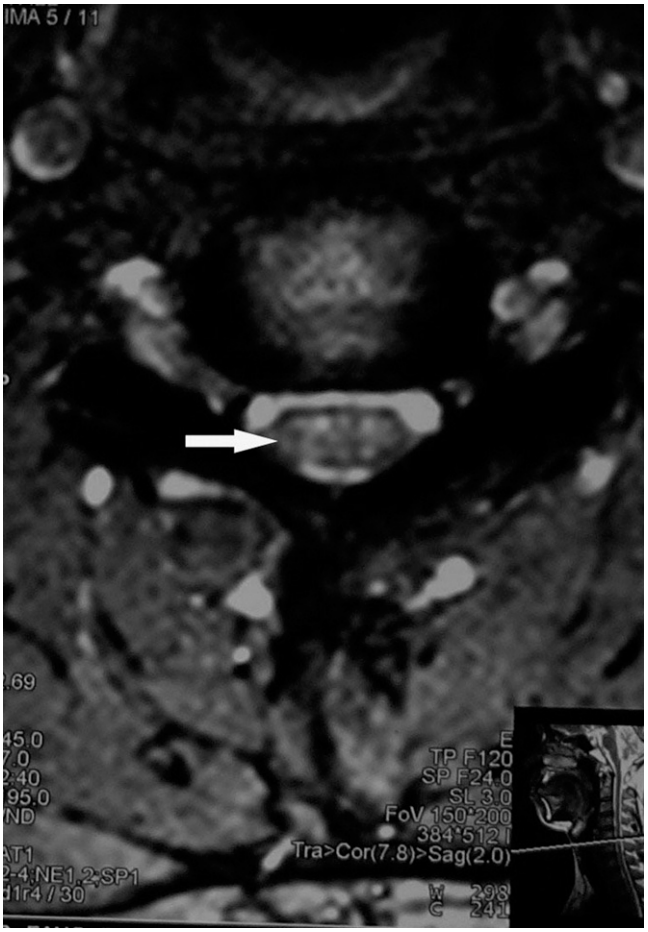

FIGURE 4. The abnormally high signal on a sagittal T2WI completely disappeared.

resolved within 14 days, and spinal-cord lesions completely resolved by a 1-month follow-up (Figures 3 and 4).

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