

Whole body MR and disseminated cysticercosis

Dear Sir,

We read with interest the comprehensive discussion on disseminated cysticercosis, titled “Disseminated cysticercosis with pulmonary and cardiac involvement” by Jain *et al.*, published in the Oct–Dec 2010 issue of the *Indian Journal of Radiology and Imaging*.^[1] In their 19-year-old male patient, the authors made an imaging diagnosis of disseminated cysticercosis based on the findings on MRI brain, CT scan of the chest, 2D-echocardiography and orbital and cardiac USG, which was subsequently confirmed on muscle biopsy. The authors state that no previous study has documented such an extent of involvement. However, we believe this is an oversight because the imaging features

of *extensively* disseminated cysticercosis, although rare, are not unknown. Indeed, they have recently been described in literature.^[2,3]

Moreover, we also wish to draw your attention to the recent description of whole body MRI (WB-MRI) as a stand-alone modality in the diagnosis and management of this pleomorphic disease.^[2,3] WB-MRI examination using the total imaging matrix (TIM) coil system is fast gaining prominence as an accurate staging tool in oncology. It has also been recently demonstrated to be the “one-stop-shop” in the diagnosis of disseminated cysticercosis, in mapping the extent of involvement, in depiction of the dynamic

evolutionary stages of the parasite's life cycle as well as its complications. In fact, the characteristic appearance of disseminated cysticercosis on WB-MRI may even preclude the need for other diagnostic imaging investigations or biopsy. Besides, the role of MRI in guiding appropriate therapy and in evaluating treatment response is also well established.^[2,3]

Given the fact that cysticercosis is an endemic disease in India and that WB-MRI is now available on most modern MRI scanners, especially in academic institutions, we believe that awareness about this technique may enable us to explore its valuable potential in such disease entities.

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