

Pseudo-tumoral spinal cord schistosomiasis

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A 5-year-old girl presented with a seven-day history of lower-limb pain and paraplegia, urinary and fecal retention. Neurological examination revealed flaccid paraparesis, lack of patellar and achilles-tendon bilateral reflexes, and sphincter impairment. She had contact with natural waters in an endemic area for schistosomiasis and *Schistosoma mansoni* eggs were found in her stools. Cerebrospinal fluid analysis showed 136 cells/dL (98% neutrophils and 2% monocytes), 128mg/dl of proteins and normal glucose level. Spinal cord magnetic resonance (MR - coronal section) revealed a tumoral lesion with hyperintense signal and contrast enhancement from T10 to L1 levels (**Figure A** - conus medullaris). The patient was treated with praziquantel (50mg/kg, body weight, single dose) and intravenous steroids (methylprednisolone, 15mg/kg/day, for 5 days). Prednisone (40mg/day) was given afterwards for 4 months with complete recovery. MR repeated 6 months after dismissal from the hospital showed a normal spinal cord (**Figure B** -

Sagittal MR before and 6 months after treatment). She had no complaints and looked healthy (**Figure C**). Children with recent infection and severe myeloradiculopathy seem to respond better to treatment than older people.

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