Dear Editor,

The recent report on ocular myocysticercosis is very interesting (Agrawal et al, 2013). The authors have noted that ocular myocysticercosis can be diagnosed by MRI and treated medically with steroids and albendazole. In fact, ocular myocysticercosis is sporadically reported worldwide. As previously published in Nepal J Ophthalmol (Wiwanitkit, 2013; Labh & Sharma, 2013), ptosis can be the important clinical presentation. For ocular imaging, the CT scan is the gold standard imaging technique. A recent report by Meena and Bhatia showed that smart phone could be “an adjunctive imaging tool” to visualize the scolex in orbital myocysticercosis (Meena et al, 2013). For the treatment, if an early diagnosis can be made, a favorable outcome is usually achieved (Chopra et al, 2012). Nevertheless, in some cases with a late presentation and a delayed diagnosis, the more serious clinical features can be seen. A good example of this is the inverse Duane’s retraction syndrome that can be seen in severe cases (Murthy, 2008).

References


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