A case report
A 67-year-old patient has observed numerous intestinal tapeworms in faeces. He noticed nonspecific abdominal discomfort
- This patient refers to habitual intake of all kinds of raw meats and fish
- He has traveled to Venezuela 2 weeks. Does not live with animals
- No cohabiting partner or close relative has filed a similar case
In the physical examination, no relevant clinical signs are found
Blood test within normal parameters, no eosinophilia.
The initial diagnosis is intestinal tapeworm.

Patients & Methods
Parasitological examination: It is reported as a taenia. The proglottids and scolices of *T. solium* and *T. saginata* are morphologically equal

The *T. saginata* proglottids have 12 or more primary uterine branches; *T. solium* proglottids have ≤10. Uterine branches can be seen on direct examination by injecting India ink into the segment via its lateral genital opening.
This technique requires a trained microbiologist.

- Subsequent study in *T. Soleum*: Brain MRI and Electroencefalograma.
Also to cohabitants (they have a higher risk of developing Cysticercosis by ingesting eggs instead of larvae)

Results & discussion:
- The empiric treatment we decided for intestinal tapeworm: Praziquantel 600mg single dose.
  - It is the treatment of choice for all of the tapeworm infections
  - It is better to treat taenia saginata than solium
  - It produce parasite cytolysis, so in case of *taenia solium* can cause anaphylaxis and seizures if you have brain cysts. That symptoms can happens between 2-5 days since the treatment is taken

- Days later, mycrobiology confirms the diagnosis of *Taenia solium*: Niclosamide 2 gr single dose.
  - It is the treatment of choice for *taenia solium*.
  - It produce paralysis of parasites
  - Cohabitants are treated with Niclosamide

- Our patient has been treated with empiric Praziquantel, so we decided coadjuvant treatment:
  1-Laxative to facilitate the expulsion of tapeworms
  2-Prednisone 1mg / kg from 2nd to 5th day (days of risk of hypersensitivity reaction due to cytolysis, mainly with Praziquantel)

A study of eggs in the faeces is performed one and three months after treatment to confirm adult tapeworm eradication

Conclusion & perspectives:
- Who can be our true patient? Our patient can be asymptomatic, but also the closest cohabitants are really at risk of presenting a cysticercosis.
- When the proglottids are visible in the stool, the infection has occurred at least 2 months before.
- In the Emergency department we don’t have the final result, so we have to decided supplementary test and the best empiric treatment for the patient and close relatives.