AN INTERESTING CASE OF POSTNATAL HEADACHE AND FEVER – A CASE REPORT

Dr Jack Doney 1. Women's and Children's Hospital, North Adelaide, South Australia

Background

Headache and fever are common postpartum symptoms, often attributed to benign causes such as hormonal changes, dehydration, or infections (mastitis, endometritis, urinary tract infections). However, these symptoms can occasionally indicate serious pathology.

This report presents a postpartum case of neurocysticercosis (NCC), a parasitic central nervous system infection caused by *Taenia solium* larvae. NCC is a leading cause of acquired epilepsy worldwide, particularly in endemic regions with poor sanitation, yet remains rare in non-endemic countries. This case underscores the need to consider NCC in postpartum patients presenting with persistent fever and neurological symptoms.

Case Report

A 29-year-old African female (G2P1+1) presented day 9 postpartum following a spontaneous preterm birth of MCDA twins, with headache, visual disturbances, and fever. On examination, she was tachycardic and febrile (38.8°C) with no clear infective focus. Despite IV antibiotics for presumed sepsis, she remained febrile. Further history revealed a prior unconscious episode with tongue biting and postictal confusion.



Results

Neuroimaging identified an 8mm ring-enhancing lesion with vasogenic oedema on CT, and MRI confirmed findings pathognomonic of NCC. She was treated with corticosteroids, anti-epileptics, and antifungals. The patient showed rapid improvement and was discharged on day 15 post admission.

Discussion

This case highlights NCC as a rare but critical differential for postpartum headache and fever, particularly in patients from endemic regions. Given its variable presentation and potential severity, early recognition and management are essential. Clinicians should maintain a high index of suspicion for NCC in postpartum women presenting with persistent fever, new-onset seizures, or unexplained neurological symptoms.



Images A and B: Coronal and axial MRI slides showing a ring enhancing lesion with surrounding vasogenic oedema pathognomonic of NCC