Diagnostic criteria for neurocysticercosis (NCC)
Del Brutto OH et al., Neurology 2001;57:177-83. Original criteria accessible at:
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2912527/
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4005113/

Absolute criteria

• Histological demonstration of the parasite from biopsy of a brain or spinal cord lesion
• Evidence of cystic lesions showing the scolex on neuroimaging studies
• Direct visualization of subretinal parasites by fundoscopic examination

Major criteria

• Evidence of lesions highly suggestive of neurocysticercosis on neuroimaging studies
• Positive serum immunoblot for the detection of anticysticercal antibodies
• Resolution of intracranial cystic lesions after therapy with albendazole or praziquantel
• Spontaneous resolution of small single enhancing lesions

Minor criteria

• Evidence of lesions compatible with neurocysticercosis on neuroimaging studies
• Presence of clinical manifestations suggestive of neurocysticercosis
• Positive cerebrospinal fluid ELISA for detection of anticysticercal antibodies or cysticercal antigens
• Evidence of cysticercosis outside the central nervous system

Epidemiological criteria

• Individuals coming from or living in an area where cysticercosis is endemic
• History of travel to disease-endemic areas
• Evidence of a household contact with Taenia solium infection

Degrees of diagnostic certainty

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<tr>
<th>Degrees of diagnostic certainty</th>
<th>Definitive</th>
<th>Probable</th>
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<tbody>
<tr>
<td>Presence of one absolute criterion</td>
<td>Presence of two major plus one minor and one epidemiological criteria</td>
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<tr>
<td>Presence of one major plus two minor criteria</td>
<td>Presence of one major plus one minor and one epidemiological criteria</td>
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<td>Presence of three minor plus one epidemiological criteria</td>
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