A 23-YEAR-OLD WOMAN PRESENTED WITH A 1-MONTH HISTORY OF HEADACHE, vomiting, recurrent episodes of syncope, weight gain, and leg pain. A physical examination revealed several subcutaneous nodules on the patient's face and trunk. Exophthalmos, fundal hemorrhage, neck rigidity, and a hypertrophic appearance of the thigh and calf muscles were also noted. Magnetic resonance imaging (MRI) of the head revealed diffuse hyperintense septated cystic lesions in the parenchymal, intraventricular, and retroocular regions (Panel A). These lesions had a “cyst with dot sign” appearance, or eccentric scolex, which is characteristic of neurocysticercosis. Coronal MRI of the thighs also revealed numerous hyperintense lesions (Panel B). Antibodies to cysticerci were detected in the serum and cerebrospinal fluid by means of an enzyme-linked immunosorbent assay. An oval translucent cyst was resected from the gastrocnemius muscle, and histopathological examination of the cyst (Panel C) confirmed the diagnosis of cysticercosis. Cysticercosis is caused by the larvae of the parasite *Taenia solium* and can be acquired by consuming foods contaminated with feces that contain taenia eggs shed from a human carrier of the tapeworm. This patient was treated with mannitol and glucocorticoids to decrease edema and inflammation. Praziquantel and albendazole were used to treat the parasitic infection. Repeat imaging showed improvement, and the patient was asymptomatic 2 months after treatment.