Cysticercosis, an infection caused by the cystic larvae of the pork tapeworm Taenia solium, is one of the most frequent parasitic infections of the human nervous system (neurocysticercosis). However, cysticerci can locate anywhere in the human nervous system, thus potentially causing almost any neurological syndrome and making clinical diagnosis a difficult task. The life cycle involves the development of the adult tapeworm in the human small intestine (after ingesting infected pork with cysts) and larval infection in pig tissues (after ingesting human stools containing the eggs of the tapeworm). It has also been increasingly diagnosed in developed countries because of migration of people from endemic zones and exposure in travelers. Most common clinical presentations are seizures (particularly late-onset seizures), chronic headaches, and intracranial hypertension. Neuroimaging is the main diagnostic tool, and specific serology confirms the diagnosis and helps to define the diagnosis when images are unclear. Management includes symptomatic drugs (analgesics, antiepileptic drugs, anti-inflammatory agents) and in many cases cysticidal drugs, either albendazole or praziquantel. It is endemic in most of Latin America, the sub-Saharan Africa, and vast parts of Asia, including the Indian subcontinent.