ACUTE STRONGYLOIDIASIS: CLINICAL FEATURES AND DIAGNOSTIC PROBLEMS IN THREE RETURNING TRAVELLERS SEEN AT THE CENTRE FOR TROPICAL DISEASES, NEGRAR, VERONA

A. Angheben, F. Gobbi, A. Rossanese, M. Marocco, G. Monteiro, M. Mistretta, A. Sepe, T. Iacovazzi, Z. Bisoffi

Centre for Tropical Diseases, Ospedale “Sacro Cuore - Don Calabria”, Negar, Verona, Italy, and Infectious Diseases, Ospedale Triggiano, Bari, Italy

AIM: To describe clinical presentation, diagnostic procedures and follow-up of three cases of acute strongyloidiasis in travellers.

- Splenomegaly and rash can be present.
- Repeated stool examinations and stool culture are probably more sensitive in acute strongyloidiasis than serological assays, contrarily to the chronic form.
- Bare skin exposure to garden ground in tourist settings could be a risk factor for strongyloidiasis and prevention measures should be discussed during pre-travel advice.

CONCLUSIONS

- Acute strongyloidiasis is rarely reported in travellers [2].
- Strongyloidiasis, most frequently seen in the chronic phase, may mimics Loffler syndrome in the acute phase [3].
- Splenomegaly and rash can be present.
- Repeated stool examinations and stool culture are probably more sensitive in acute strongyloidiasis than serological assays, contrarily to the chronic form.
- Bare skin exposure to garden ground in tourist settings could be a risk factor for strongyloidiasis and prevention measures should be discussed during pre-travel advice.

BIBLIOGRAPHY

