Analysis of clinical picture of trichinellosis in patients hospitalised in clinic for infectious diseases, Belgrade, Serbia

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Background: Trichinellosis is a zoonosis that can be prevented by veterinarian examination of meat and adequate cooking. Principal source of infection is meat of domestic or wild swine, infected with larval form of *Trichinella spiralis*. The parasite is disseminated trough organism by blood stream, there is an inflammatory response in all tissues in which it is stuck, so any kind of complications can be expected, among them heart, brain and lung complications are the most prominent.

Methods & Materials: 53 patients were hospitalized. Illness was presented with swelling of the face, hands and feet, conjunctivitis or subconjunctival haemorrhages, with prominent muscle aches and fever. Suspection was made on the basis of clinical findings and eosinophilia in peripheral blood count. Serology was performed as verification test. (ELISA method, Ridascreen and Novagnost).

Results: Patients had 20 to 76 years (42.3 ± 14.5). Men/women ratio was 1:2.3 (p = 0.003). All were able to “blame” specific meat, to specify quantity, time and place when they eat infected meat. Time from beginning of symptoms to the suspicion was 3 to 30 days (11.09 ± 6.38). During that time they had fever, 60% had gastrointestinal symptoms, 27% eyelid swelling, 19% muscle aches. All patients (100%) had absolute eosinophilia and elevated C reactive protein (48.7 ± 31.1; norm. < 8). Lactat dechidrogenasis (LDH) was elevated in 90% of patients (682.2 ± 279.1; norm. < 400), creatin kinasis (CK) was elevated in 80% of patients (635 ± 351; norm. < 200). In two patients transitory EKG changes were seen, and another two patients had long time neurologic abnormalities. Hospitalization time was 15.6 ± 6 days. All of them were treated by albendazole or mebendasole. Highest number of cases was from January to March.

Conclusion: Trichinellosis is constantly present in Belgrade area. It occurs relatively rarely, but we have to be aware of its presence and think of it before prominent features appear, in order to perform adequate early therapy, any delay in diagnosis could lead to worst illness. The most reliably tool is eosinophilia, supported by relevant epidemiologic data. Convalescent period during which muscle aches are prominent can last for years, what is especially important in sportsmen.

http://dx.doi.org/10.1016/j.ijid.2014.03.742