Ocular Toxocariasis in Peru: A Report of 16 Cases

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Background: Toxocariasis is a worldwide parasitic zoonosis caused mainly by Toxocara canis. This helminth invades the eye and cause blindness. We aimed to describe clinical features and complications among patients with ocular toxocariasis evaluated at a referral center.

Methods: Charts, retinographies and ocular ultrasound studies of patients with ocular toxocariasis were reviewed from 2000 to 2007 at Hospital Nacional Cayetano Heredia, Lima, Peru. The diagnosis of ocular toxocariasis was based on the presence of typical clinical features and the absence of an alternative diagnosis. Demographic and clinical features were evaluated.

Results: We report 16 patients, 9 females, the ages ranged from 7 years to 29 years (mean, 14.2 years). A history of contact with a puppy was reported by 92%. The principal symptoms were visual loss (87.5%) and strabismus (37.5%), 2 cases (12.5%) presented leukocoria. The mean time between the first symptom and the first consult was 1.6 year. The eye fundus exam showed the presence of peripheric granuloma (50%), posterior pole granuloma (37.5%) and vitreous retinal bands (50%). Fifteen cases (94%) had unilateral involvement. None of the patients had systemic manifestation. The complications were tractional retinal detachment in 6 patients (37.5%), 5 of them were detected by ultrasonography, 1 case (6%) glaucoma and 1 (6%) choroidal neovascularization. Serum ELISA for T. canis was positive for 12 patients (75%), negative 1 patient (6%), and unknown 3 patients (19%). Eosinophilia was found in 2 patients (15%). Four patients were treated with albendazole.

Conclusion: Ocular toxocariasis affects mainly children and young adults. This condition is unilateral in most cases and presents as a granuloma in the peripheral retina or in the posterior pole. Serum ELISA for T. canis could help to support the diagnosis. The most frequent complication was retinal detachment with significant visual loss.

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RNA Viruses Are an Important Cause of Community-acquired Pneumonia in Nepalese Children Living in a Semi-urban District in Kathmandu Valley


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Background: Pneumonia is among the main causes of illness and death in children <5 years of age. Viral etiological data based on molecular diagnosis of community acquired pneumonia (CAP) in developing countries are scarce.

Methods: We examined nasopharyngeal aspirates from 2226 two-35 (mean 13.4) month old Nepalese children with CAP over a three-year period. The specimens were evaluated for viral pathogens using RT-PCR.

Results: We identified 901 virus isolates in 872 (39.2%) of the 2226 specimens, of which 325 (14.6%) yielded respiratory syncytial virus (RSV), 7.3% influenza (Inf) A, 5.8% parainfluenza virus (PIV) 3, 4.4% PIV1, 4.0% human metapneumovirus (hMPV), 3.7% InfB and 0.7% PIV2. The children infected with RSV had more severe illness than other children (including those infected with any of the other viruses); RSV being identified in 28.4% of the 127 children with lower respiratory syncytial virus (RSV), all coinciding with the highest peaks of pneumonia. Crepitations were observed in 31.4% of children who tested positive for virus, in 27.9% of children who were negative, and in 40.6% of RSV cases. There were two yearly incidence peaks of pneumonia during the two first years of our study, one coincided with the end of the monsoon season in August-September, the other occurred during winter. There was an end-monsoon, but no winter peak, during the 3rd year of our study. The incidence of viral pneumonia followed the same seasonal pattern. We observed three distinct epidemics with RSV, all coinciding with the highest peaks of pneumonia.

Conclusion: RNA viruses are an important cause of CAP in our study children. The most commonly isolated virus, RSV, yielded a more severe clinical presentation than the other viruses and occurred in epidemics, both during the winter and in the end-monsoon period.

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