

A case report

A 67-year-old patient has observed numerous intestinal tapeworms in faeces. He noticed nonspecific abdominal discomfort

- This patient refers to habitual intake of all kinds of raw meats and fish
- He has traveled to Venezuela 2 weeks. Does not live with animals
- No cohabiting partner or close relative has filed a similar case

In the physical examination, no relevant clinical signs are found

Blood test within normal parameters, no eosinophilia.

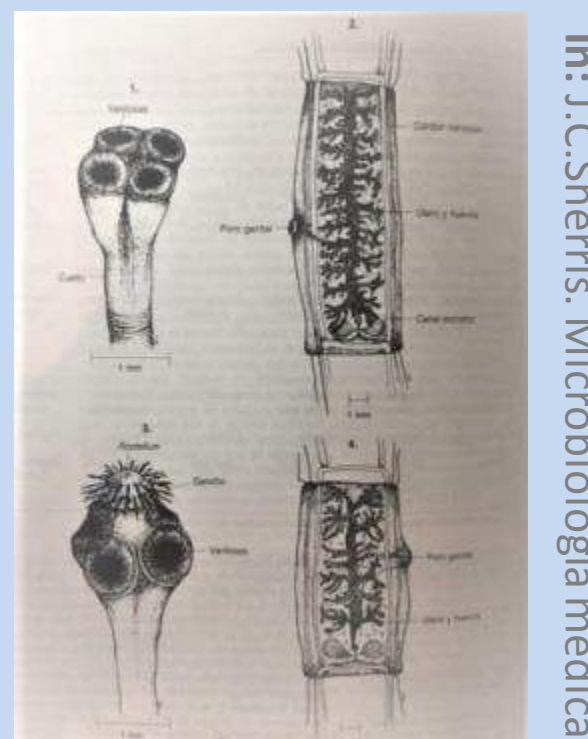
The initial diagnosis is intestinal tapeworm.

Patients & Methods

- Parasitological examination: It is reported as a taenia. The proglottids and scolices of *T. solium* and *T. saginata* are morphologically equal

The *T. saginata* proglottids have 12 or more primary uterine branches; *T. solium* proglottids have ≤ 10 . Uterine branches can be seen on direct examination by injecting India ink into the segment via its lateral genital opening.

This technique requires a trained microbiologist.



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- Subsequent study in *T. Solium*: Brain MRI and Electroencefalograma.

Also to cohabitants (they have a higher risk of developing Cysticercosis by ingesting eggs instead of larvae)

Results & discussion :

- The empiric treatment we decided for intestinal tapeworm: Praziquantel 600mg single dose.
- ✓ It is the treatment of choice for all of the tapeworm infections
- ✓ It is better to treat taenia saginata than solium
- ✓ It produce parasite cytolysis, so in case of taenia solium can cause anaphylaxis and seizures if you have brain cysts. That symptoms can happens between 2-5 days since the treatment is taken

- Days later, microbiology confirms the diagnosis of *Tenia solium*: Niclosamide 2 gr single dose.
- ✓ It is the treatment of choice for taenia solium.
- ✓ It produce paralysis of parasites
- ✓ Cohabitants are treated with Niclosamide

- Our patient has been treated with empiric Praziquantel, so we decided coadjuvant treatment:

1-Laxative to facilitate the expulsion of tapeworms

2-Prednisone 1mg / kg from 2nd to 5th day (days of risk of hypersensitivity reaction due to cytolysis, mainly with Praziquantel)

A study of eggs in the faeces is performed one and three months after treatment to confirm adult tapeworm eradication



Conclusion & perspectives :

- Who can be our true patient? Our patient can be asymptomatic, but also the closest cohabitants are really at risk of presenting a cysticercosis.
- When the proglottids are visible in the stool, the infection has occurred at least 2 months before.
- In the Emergency department we don't have the final result, so we have to decide supplementary test and the best empiric treatment for the patient and close relatives.

