iMedPub Journals

http://journals.imedpub.com

Vol. 1 No. 1:2

Enterobiasis in HIV Infected Patients: A Short Summary

Sim Sai Tin¹, Viroj Wiwanitkit²

- 1 Shantou Medical Center, Shantou, China
- 2 Visiting professor, Hainan Medical University, China

Corresponding author: Sim Sai Tin

simsaitin@gmail.com

Shantou Medical Center, Shantou, China

Abstract

Enterobiasis is a common nematode infestation that can be seen around the world. It is an important tropical infection that can affect the patients at any sexes and age groups. The occurrence of enterobiasis in HIV infected patients is of interest. In this short article, the authors summarize on Enterobiasis in HIV infected patients.

Key words: HIV, enterobiasis.

Introducción

Pinworm is an important parasite that can cause enterobiasis. Enterobiasis is a common nematode infestation that can be seen around the world (1-3). High prevalence of enterobiasis is reported from several poor and under developed community (4). It is an important tropical infection that can affect the patients at any sexes and age groups. The occurrence of enterobiasis in HIV infected patients is of interest. In this short article, the authors summarize on nnterobiasis in HIV infected patients.

Prevalence of enterobiasis in HIV infected patients

The helminthiasis among HIV infected patients is usually a forgotten problem. There are few reports on this specific issue. The reported prevalence is various depending on the study settings. According to the report by Wiwanitkit from Thailand, then null prevalence is observed (4). The reported prevalence rates from Kenya, Ehiopia, Vietnam, Congo and South Africa are equal to 1.9% (5), 1.3 % (6), 0.9 5 (7), 0.6 % (8) and 0.6 % (9). There is no relationship between detection of enterobiasis and CD4+ status [4] or presentation of diarrhea (4, 10). Based on the reported rate, it should be noted that enterobiasis is not uncommon among the HIV infected patients and must be the problem to be looked for in any HIV infected cases regardless of immune status or symptom.

Clinical problems due to enterobiasis in HIV infected patients

As noted, there might sometimes be no symptom of enterobiasis in HIV infected patients. However, the existences of severe clinical problems are also reported. Acute appendicitis (11) and ileocolitis (12), can be seen. No doubt that if there is existence of enterobiasis, regardless of symptom, the antiparasitic drug should be provided to the HIV infected patients for prevention of unwanted complication. Focusing on the use of antiparasitic drug, Davis et al. (13) noted that "there was parasitological cure (decreased infection rate for blastocystosis) and clinical improvement as positive changes in symptoms, such as nausea, weakness, headache, weight loss, and others, in all the patients with concomitant ascariasis, enterobiosis, and lambliasis. ARVT and antituberculosis drugs were observed to bebetter tolerated in all cases."

Conclusion

Enterobiasis can be seen in the patients with HIV infection. This parasitic infestation might be silent or produce severe clinical problems. The concern on this parasitic infestation among HIV infected patient is needed.

References

- 1 Markell EK (1985) Intestinal nematode infections. Pediatr Clin North Am 32: 971-986.
- 2 Kitada O (1999) Pinworm infection (enterobiasis). Ryoikibetsu Shokogun Shirizu 24: 446-447.
- 3 Markin AV (1996) Enterobiasis: the effect of the causative agent on the health status of children. Med Parazitol (Mosk): 50-54.
- 4 Wiwanitkit V (2001) Intestinal parasitic infections in Thai HIV-infected patients with different immunity status. BMC Gastroenterol 1: 3.
- 5 Kipyegen CK, Shivairo RS, Odhiambo RO (2012) Prevalence of intestinal parasites among HIV patients in Baringo, Kenya. Pan Afr Med J 13: 37.
- Fontanet AL Sahlu T, Rinke de Wit T, Messele T, Masho W, Woldemichael T, et al. (2000) Epidemiology of infections with intestinal parasites and human immunodeficiency virus (HIV) among sugar-estate residents in Ethiopia. Ann Trop Med Parasitol 94: 269-278.
- Wumba R, Longo-Mbenza B, Mandina M, Odio WT, Biligui S, et al. (2005) Intestinal helminth infection in an ethnic minority commune in southern Vietnam. Southeast Asian J Trop Med Public Health 36: 623-628.

- 8 Thellier M(2010) Intestinal parasites infections in hospitalized AIDS patients in Kinshasa,
- 9 Democratic Republic of Congo. Parasite 17: 321-328.
- 10 Adams VJ, Markus MB, Adams JF, Jordaan E, Curtis B, et al. (2005) Paradoxical helminthiasis and giardiasis in Cape Town, South Africa: epidemiology and control. Afr Health Sci 5: 276-280.
- 11 Agholi M, Hatam GR, Motazedian MH (2013) HIV/AIDS-associated opportunistic protozoal diarrhea. AIDS Res Hum Retroviruses 29: 35-41.
- 12 Cruz DB, Friedrisch BK, Fontanive Junior V, da Rocha VW (2012) Eosinophilic acute appendicitis caused by Strongyloides stercoralis and Enterobius vermicularis in an HIV-positive patient. BMJ Case Rep.
- 13 Cacopardo B, Onorante A, Nigro L, Patamia I, Tosto S, et al. (1997) Eosinophilic ileocolitis by Enterobius vermicularis: a description of two rare cases. Ital J Gastroenterol Hepatol 29: 51-53.
- 14 Davis NA, Giiasov KhZ, Islamova ZhI, Tuĭchiev LN, Parpieva NN, et al.(2013) Evaluation of the efficacy of antiparasitic drugs in the treatment of concurrent parasitic diseases in patients with HIV infection and in those with pulmonary tuberculosis. Med Parazitol (Mosk):24-27.