



Respiratory Module (2023-2024)

Paragonimus westermani (Lung Fluke) Class: Trematoda

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5 REASONS NOT TO EAT STACEAN

Paragonimus westermani (Oriental lung fluke)



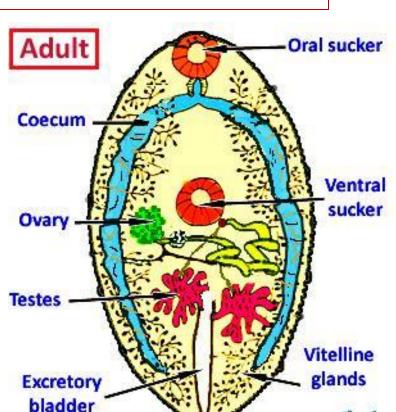
❖Geographical distribution:

Endemic in the far East of Asia (Japan, Korea, China, Philippines) and Central & South America.

Habitat: Lung in cyst like pockets.



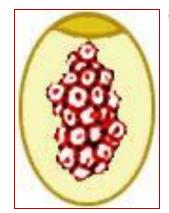
Morphology



Size: 12 × 6 mm



Egg (D.S)



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Size: 90 x 50 μm.

Shape: Oval.

Shell: Thick shell with

operculum.

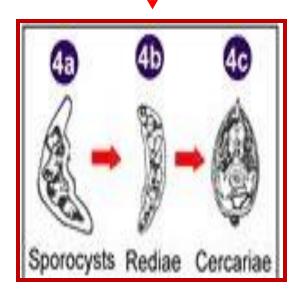
Color: Golden brown.

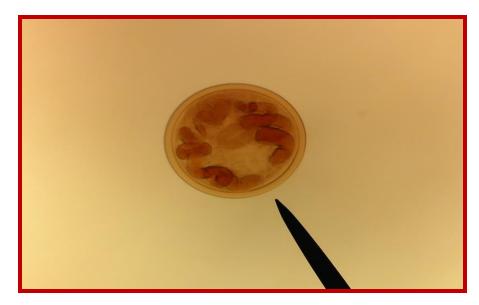
Content: Immature

ovum.



Semisulcospira libertina snail

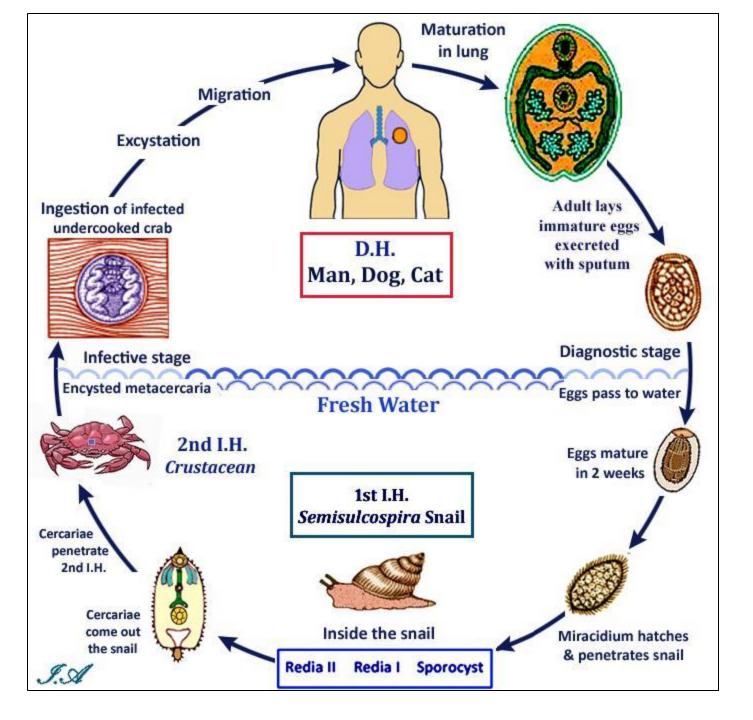




Encysted metacercaria (I.S)



Microcercous cercaria with knob-like tail





Life cycle





- ❖D.H: Man
- R.H: fish eating animals & carnivorous.
- **❖I.H:** 1st: Fresh water snail (*Semisulcospira libertina*).
 - 2nd: Fresh water cray fish or crabs.
- ❖Mode of infection: Infection occurs by eating raw or undercooked crabs or cray fish containing encysted metacercaria (I.S)

Pathogenesis & Symptomatology



Diseases: Paragonimiasis

Adult worms live lung in and stimulate granulomatous tissue → fibrous capsule surrounding eggs worms and forming cyst containing blood tinged fluid.

Rupture of the cyst into bronchioles causes pulmonary symptoms such as fever, chest pain and cough with sputum (blood rusty tinged with eggs) \bigcirc endemic haemoptysis. Chronic cases resemble pulmonary tuberculosis.

Complications:

Pulmonary: pneumonia, bronchitis, lung abscess &pneumo-thorax and pleural effusion.

CNS: seizures, coma, paralysis.

GIT: abdominal pain & diarrhea.

Skin: migratory allergic skin lesions.

Laboratory Diagnosis



Direct

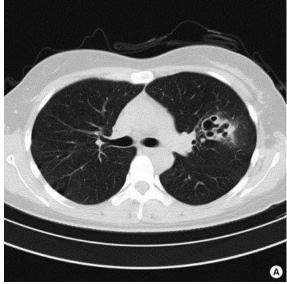
- Detection of eggs & sometimes adult in rusty sputum.
- Detection of eggs in stool.





- Serological tests: CFT and ELISA
- •High eosinophilia.





Chest X ray & CT : ring shadow opacity comprising several small contagious cavities resembling bunch of grapes.

Treatment

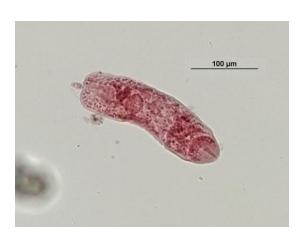


1- Praziquantel is the drug of choice















Echinococcus granulosus Class: Cestoda

(Hydatid worm)



Echinococcus granulosus

➤ Geographical distribution : Cosmopolitan.

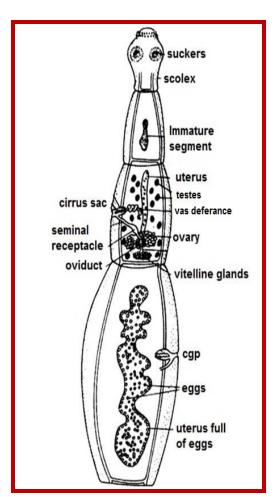
► Habitat: Small intestine of the D.H.

▶D.H: Dogs, foxes and other canines.

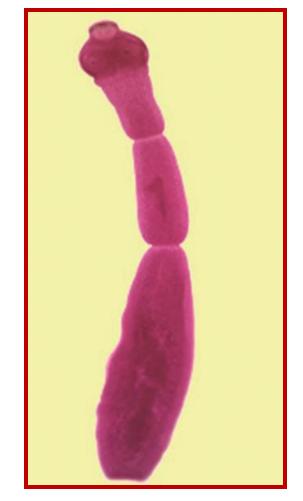
►I.H: Sheep, cattle, pigs and occasionally man.



1- Adult worm of E. granulosus











(I.S to man & herbivorous).

Size: 30-40 um.

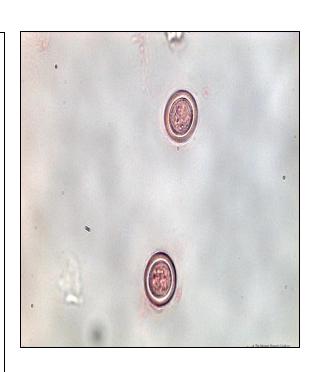
Shape: Spherical.

Shell: Thick, radially striated emberyophore.

Color: brownish.

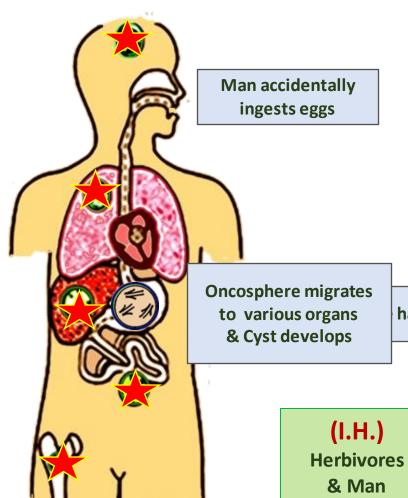
Content: Mature hexacanth embryo

(onchosphere)





Life Cycle of *Echinococcus* granulosus



Carnivores (dogs)

(D.H.)

Adult in small intestine

Eggs Pass with stool



Dog (D.H) ingests infected viscera

Protoscolices

release

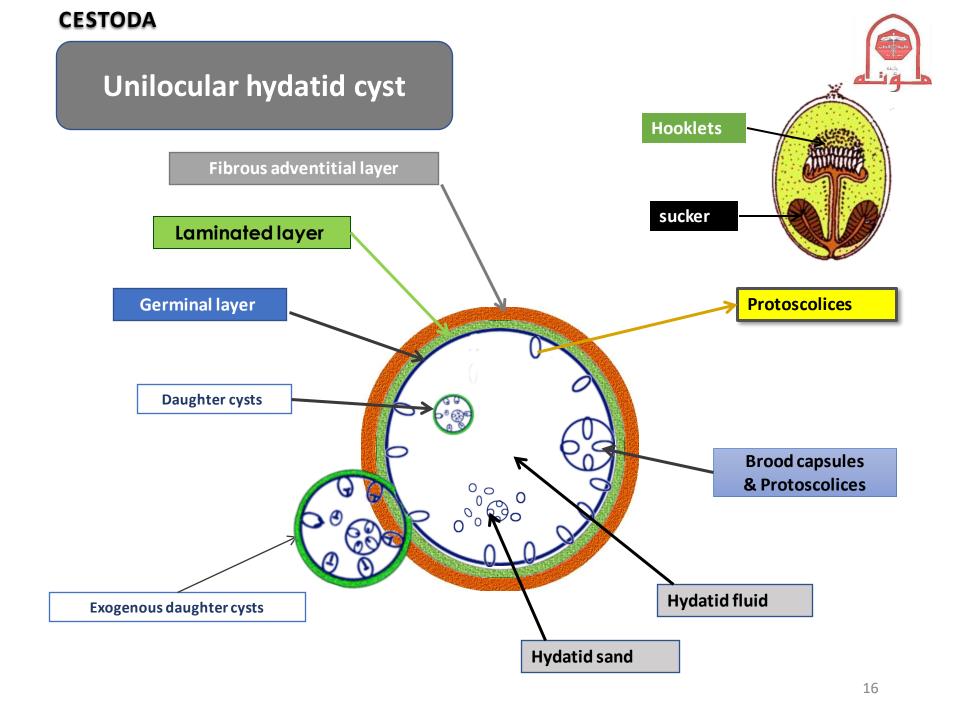
Adult maturation

hatches in intestine

Oncosphere hatches in intestine

Oncosphere migrates to viscera & Cyst develops

ests Eggs or Gravid segment







- Simple unilocular hydatid cyst:-
- > The most common type.
- Size: Variable from pin's headto head of the foetus (1 mm 20 cm).
- Shape: More or less spherical.









Hydatid cyst disease (Cystic Echinococcosis or Hydatidosis)

- ❖ It is a parasitic infection of both humans and other mammals such as sheep, and cattle with hydatid cysts, the larval stage of Echinococcus granulosus.
- Man is an intermediate and blind host for *Echinococcus* granulosus
- ❖ Infection occurs by Ingestion of eggs with food or drinks contaminated with dogs' faeces or by handling dogs whose hair are usually contaminated with eggs.

Pathogenesis & Symptomatology



Local

fibrous

which

inflammatory

reaction around the hydatid cyst, ending in formation of a

become calcified

or even ossified.

capsule

may

The

symptoms

depend on the size &

site of the

cyst.

Large sized cysts pressure atrophy of affected organs:-Liver (70%) enlargement and dysfunction (fever, pain and jaundice).

Lung (20%) pain, cough and dyspnea.

Brain ② epilepsy.

Eye protrusion of the eye ball.

Bones Pain& spontaneous fracture.

Kidney membranous nephropathy.

rupture of cyst into peritoneal cavity or pleura may lead to severe allergic reaction (anaphylactic shock) or secondary cysts.

Pulmonary Cystic Echinococcosis



- Common in children than adult.
- Clinical picture:
- Mainly asymptomatic until the cyst enlarges to cause symptoms.
- Complication occurs as a result of cyst enlargement & its rupture. It presented by:
- 1. Cough.
- 2. Chest pain.
- 3. Dyspnea.
- 4. Haemoptysis.
- 5. Pneumothorax, pleural effusion & pulmonary abscess.



Indirect

Diagnosis

Clinical

Laboratory

- History of contact with dogs.
- Slowly growing cystic tumour.
- > Hydatid thrill.

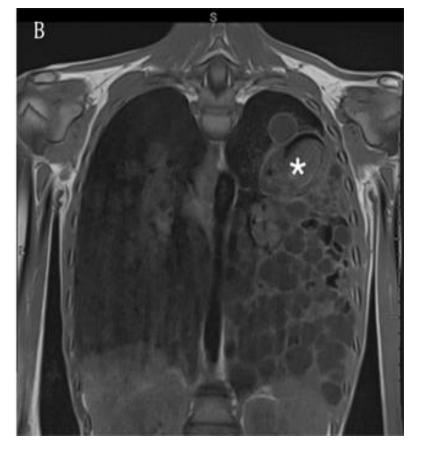
Direct

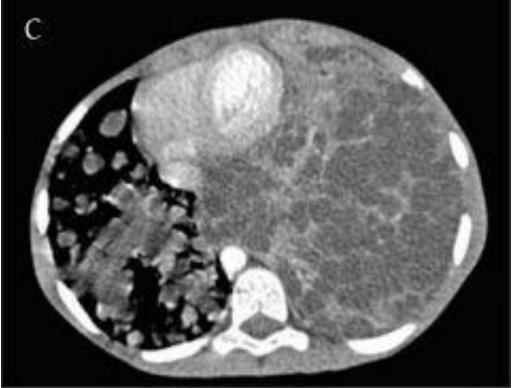
- >X-ray for calcified cyst.
- **►** Ultrasonography, CT scan and MRI.
- Scolices in sputum or urine due to rupture of the cyst in bronchus or urinary tract.
- **▶** Puncture or aspiration of hydatid fluid
- may lead to anaphylactic shock due to leakage of the fluid.

- **≻**Eosinophilia.
- **≻**Intradermal

test(Casoni test).

- **≻**Serological tests.
- **≻**PCR







Treatment

- 1) Surgical removal of the cyst: The most efficient treatment but it may cause mortality (2%) and recurrence of the disease (2 25%).
- 2) Percutaneous treatment (PAIR): In three steps:
 - Puncture (P) and needle aspiration (A) of the cyst.
 - Injection (I) of a scolicidal solution usually hypertonic sodium chloride solution or ethanol and left for 5 30 minutes.
 - Cyst-re-aspiration (R) and final washing.
 - ✓ This procedure is indicated in inoperable cases and who have drug resistance (no response to medical treatment).



3) Medical treatment:

Indications: In inoperable cases and before and after surgery.

- Albendazole (Drug of choice).
- Mebendazole.
- The combination of ABZ and Praziquantel (PZQ) may provide synergistic effect and better efficacy.

Disadvantages:

- It may lead to drug resistance.
- It is used for long time in high dose.



Case 1



 10-year-old girl. A pediatric, female patient presented with acute respiratory distress, productive cough, and pleuritic chest pain.
 The first-line investigations included a biochemical work-up and a chest X-ray.

- Lab investigations revealed high eosinophilia
- Chest X ray revealed complete opacity of the left lung and multiple round opacities of the right lung



