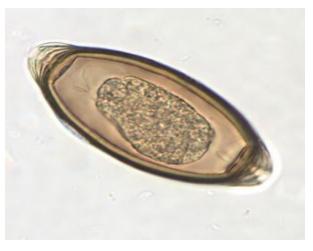
Trichuris trichiura and Strongyloides

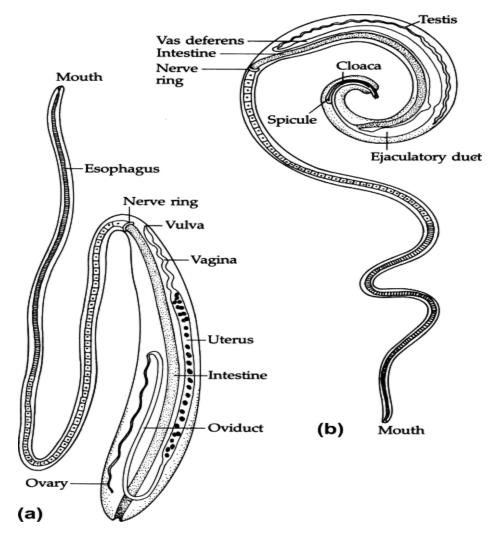
Trichuris trichiura

- Whip worm infection
- Linnaeus discovered in 1771
- Occurs worldwide (in moist climates with poor sanitation)
- Inhabits large intestine of man
- Barrel shaped eggs
- Eggs survive for years

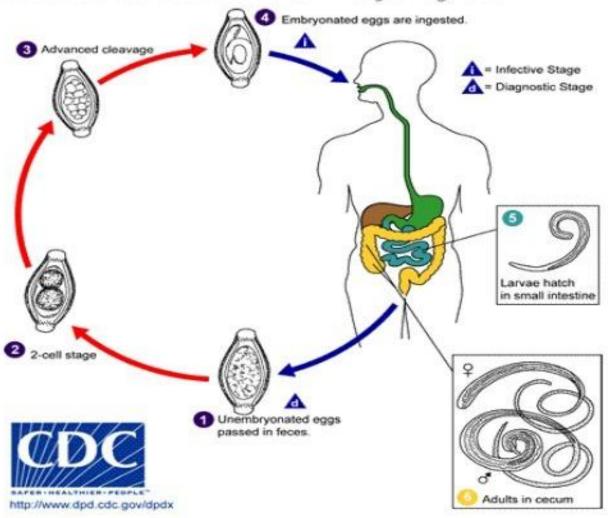


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Morphology



Trichuris trichiuria - life cycle



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Clinical manifestations

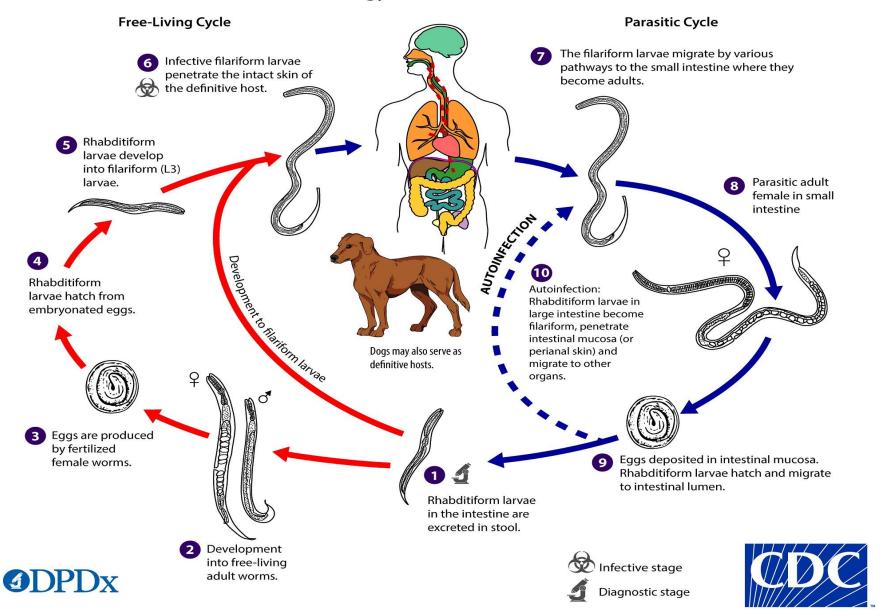
- Light infestations are frequently asymptomatic.
- Heavy infestations may have bloody diarrhea.
- Long-standing blood loss may lead to iron-deficiency anemia.
- Rectal prolapse is possible in severe cases.
- Vitamin A deficiency may also result due to infection.
- Mechanical damage to the mucosa may occur as well as toxic or inflammatory damage to the intestines of the host.
- Finger clubbing

Diagnosis

- Eosinophilia
- Stool examination
- Sigmoidoscopy
- Prophylaxis:
- Sanitary disposal of feces
- Solution of chlorpicrin will kill the eggs in soil
- not consuming the raw and uncooked fruits and vegetables

Strongyloidiasis

Strongyloides stercoralis



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Strongyloides stercoralis

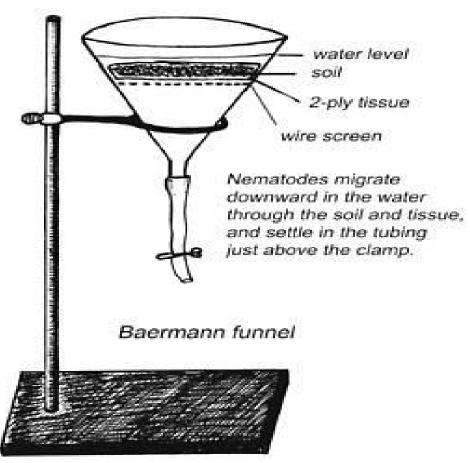
Clinical manifestation:

- Light infections: asyptomatic.
- Skin penetration: itching and red blotches.
- During migration:
- In lungs bronchial verminous pneumonia, acute pulmonary eosinophilia (Loeffler's syndrome).
- In the duodenum burning mid-epigastric pain, tenderness, nausea and vomiting. Diarrhea and constipation may alternate, malabsorption.

Laboratory diagnosis:

- Larvoscopy in faeces the presence of free rhabditiform larvae in the faeces is diagnostic. Culture of stool for 24 hours will produce filariform larvae.
- Immunological (serological) tests.
- Prevention: proper disposal of faeces; personal hygiene; using of footwear in endemic areas

Baermann's Apparatus



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