Correspondence

Pulmonary Hydatidosis, Strongyloidiasis and Paragonimiasis in India

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Sir,

We read with interest a large retrospective series on hydatid lung disease by Ghoshal et al1 in one of the recent issue of the Journal. The same issue carried an editorial2 on the subject.

In the article by Ghoshal et al they have shown very good results of surgical intervention in these cases. However, certain important facts from the present series needs expansion for better understanding. For example classically it is explained that hydatid disease is common where a connection between sheep/dog/man happens. However, in the present series there is no indication as to what proportion of the patients are involved in sheep rearing and had close proximity to dogs. Second important question is why there is a female preponderance of the cases, because it is likely that male members of the family is more likely to be exposed if connection with sheep rearing and proximity to dog is important?

Third and curious point was why less than 50% patients were given albendazole or some sort of anti hydatid therapy. Authors have not given any valid explanation for the selection of cases for albendazole or similar therapy along with surgery. Ideally all active hydatid disease patients should have received such a therapy. Activity of the disease as explained in the editorial by Parikh3 and elsewhere4 can now a days be very well assessed by ultrasonography. Unfortunately USG data of all the cases in the retrospective review is absent and including them in the present article would have given us some indication who should have received anti helminthic treatment. Though surgeon can remove one or several visible cyst from the lungs he/she might leave quite a few invisible ones in other locations and these microcysts may grow over time and may cause relapse of the disease elsewhere unless systemic antihelminthic measures were taken during surgical management of the cases.

Haemoptysis was an important component of the symptom complex in hydatid disease of lungs in the series described. In India when a patient presents with low grade fever, cough, haemoptysis, anti tubercular drugs are often administered. Mass miniature radiography which is often done in such cases in rural and semi-rural areas in the country may not show the features of pulmonary hydatid clearly and may conceivably mistaken for a tubercular lesion hence might have been treated inappropriately. In the present series haemoptysis was present in 16 patients (15.09%) it will be interesting to know how often these patients have been inappropriately treated with anti tubercular drug. It may not be out of place to mention here that in north eastern states of Assam paragonimiasis is not unusual as a cause of haemoptysis and is often treated as pulmonary tuberculosis4 because of the lack of awareness of this condition.

Finally very few patients in the present series has been treated by PAIR (Puncture, Aspiration, Injection and Reaspiration)5,6 technique which would have been much less invasive and would have caused fewer morbidity. However anaphylaxis in one of the 5 patient (20%) aspirated showed there is a real danger of such
Complications during PAIR therapy and this needs to be undertaken in a centre with immediate availability of full resuscitative management. Similar conclusion has been reached by other studies.4

Serology was positive in 70% of the cases described this is not unusual as lung hydatids gives serological positivity in about 50% cases only where as in liver hydatid this seropositivity reaches almost 90%.3 It is currently believed that Echinococcus from different animals belongs to more than one species (Strains from sheep, cattle, pigs, horses and camels represent separate species3) and they can be distinguished by molecular technique. We feel in India, now time has come to undertake such study and some of the discrepancy in serodiagnosis may be linked to different species of echinococcus infecting the host.

It is sad that inspite of making good advances in different areas of medical science, even in 21st century our country has to deal with diseases of bygone era eg. hydatid disease, paragonimiasis4,5 and strongyloidiosis6 of lungs. We must take preventive measures in endemic areas by vaccinating sheep, administering praziquantel to infected dogs, denying dogs access to infected animals by good abbatoir hygiene as has been highlighted by Parikh3 in the editorial with an apt heading ‘Cut to cure but what about control.’ Both state and central government in this country had over the years failed miserably to control so many infective and parasitic diseases and the premier institutes of epidemiology and preventive medicine research in this country is getting atrophied.

References