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BÁO CÁO LOẠT CA NHIỄM GIUN LƯƠN *Strongyloides stercoralis* TẠI CỘNG ĐỒNG HUYỆN ĐỨC HÒA, TỈNH LONG AN VÀ HIỆU QUẢ ĐIỀU TRỊ BẰNG Ivermectin LIỀU DUY NHẤT TỪ THÁNG 3/2017 – 12/ 2017

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"CLINICAL MANIFESTATIONS AND Ivermectine EFFECTIVENESS ON HUMAN Strongyloides stercoralis INFECTION IN DUC HOA DISTRICT, LONG AN PROVINCE, 2017"

Human strongyloidiasis-the disease caused by the infection with *Strongyloides stercoralis* with an estimated 30-100 million people infected worldwide (Schar et al. 2013). These infections are commonly chronic and longstanding because of the autoinfective process associated with its unique life cycle. It is the reason why very difficult to treat them. *Strongyloides stercoralis* infection has broad-spectrum of clinical manifestations not only gastrointestinal tract, but also occur in other organs and tissues in the body due to the migrating of the larvae. This study conducted to determine of symptoms proportion and single-dose ivermectine effectiveness in the treatment for human strongyloidiasis due to S. stercoralis. A case series and descriptive cohort study design for clinical features desciption and non-controlled clinical trial of single-dose ivermectine study. Follow-up the effectiveness at 2, 4 and 6 weeks inteval after treatment. A total of 50 of positive specimens with *S. stercoralis* larva, the proportion of each symptoms as followed: abdominal pain, tenderness 88% (44/50), irregular and intermittent loose stool 46% (23/50), swelling and urticaria 74% (37/50) on the arms of the body 81.1% (30/37), headache 78% (39/50), lose-weight 12% (6/50), and 2 cases (4%) showed cutaneous larva migrans in the legs. The single-dose ivermectine cure rate of 96% (48/50), and 100% efficacy after repeated treatment without significant side-effects.

In gastrointestinal strongyloidiasis, the typical diversified symptoms with high rate (abdominal pain, loose stool), and other symptoms of lose weight, cutaneous larva migrans. The single-dose ivermectine had high cure rate as the first of choice drug for human strongyloidiasis

Key words: *Strongyloides* spp, clinical symptoms, ivermectine.

CHẨN ĐOÁN G*nathostoma* spp TỪ KÝ CHỦ TRUNG GIAN 2 BẰNG KỸ THUẬT SINH HỌC PHÂN TỬ TRÊN DNA TY THỂ

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"MOLECULAR DIAGNOSIS OF MITOCHONRIAL DNA IN *Gnathostoma* spp FROM2nd INTERMEDIATE HOST (SWARM EELS)"

ABSTRACT

Human gnathostomiasis is an important food-borne parasitic zoonosis, caused mainly by eating raw meat of infected fish especially frogs, snakehead, swamp eels, snakes,… (2nd intermediate hosts). Getting into the human body, the advanced third stage larvae can migrate and harm to many different organs, or even lead to death. Identification of *Gnathostoma* spp was collected from 2nd intermediate hosts by molecular biology technique. The organs and muscles of swamp eels specimens collected for *Gnathostoma* spp infection from N center market of district.10. Advance 3rd-stage larva (AdL3) were collected from livers and muscles tissue of swamp eels specimens by the modified artificial pepsin digestion technique. Using PCR technique to identify *Gnathostoma* spp and *G. spinigerum*. 10 AdL3 were collected from specimens, the morphological identification was *Gnathostoma* spp. 100% was precisely identified *Gnathostoma* spp using PCR technique on mitochondrial DNA with specific Gn_COI primers of the cox-1 gene region. The *G. spinigerum*was determined by PCR technique on mitochondrial DNA with specific JB primers of the COI gene region, of 60%. This study has successfully diagnosed the *Gnathostoma* spp and *G spinigerum*. Paralleling with morphologic identification should be used to confirm species.

Key words: *G. nathostoma* spp, *G. spinigerum,* 2nd intermediate hosts, advance 3rd-stage larva, PCR.

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ABSTRACT

Human strongyloidiasis-the disease caused by the infection with *Strongyloides stercoralis* with an estimated 30-100 million people infected worldwide[11]. These infections are commonly chronic and longstanding because of the autoinfective process associated with its unique life cycle. It is the reason why very difficult to treat them. *Strongyloides stercoralis* infection has broad-spectrum of clinical manifestations not only gastrointestinal tract, but also occur in other organs and tissues in the body due to the migrating of the larvae. This study conducted to determine of symptoms proportion and single-dose ivermectine effectiveness in the treatment for human strongyloidiasis due to S. stercoralis. A case series and descriptive cohort study design for clinical features desciption and non-controlled clinical trial of single-dose ivermectine study. Follow-up the effectiveness at 2, 4 and 6 weeks inteval after treatment. A total of 50 of positive specimens with *S. stercoralis* larva, the proportion of each symptoms as followed: abdominal pain, tenderness 88% (44/50), irregular and intermittent loose stool 46% (23/50), swelling and urticaria 74% (37/50) on the arms of the body 81.1% (30/37), headache 78% (39/50), lose-weight 12% (6/50), and 2 cases (4%) showed cutaneous larva migrans in the legs. The single-dose ivermectine cure rate of 96% (48/50), and 100% efficacy after repeated treatment without significant side-effects.

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TỶ LỆ NHIỄM VÀ TÍNH GIA ĐÌNH CỦA BỆNH GIUN KIM Ở TRẺ HỌC MẪU GIÁO

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"PREVALENCE AND FAMILIAL CHARACTER OF ENTEROBIASIS AMONG KINDERGARTEN CHILDREN IN TAN AN HOI COMMUNE, CU CHI DISTRICT, HO CHI MINH CITY, 2012"

ABSTRACT

Objective: to determine prevalence and familial character of enterobiasis among kindergarden children in Tan An Hoi Commune, Cu Chi District, Ho Chi Minh City from September 2012 to December 2012. **Method:** A descriptive and cross sectional study. Enterobiasis was diagnosed via Graham's technique. The familial character of enterobiasis was assessed via proportion of families having at least one member infected, the strength of familial character (rate of families with ≥ 50% of family members infected) and factors related to the infection within the household were also studied. **Result:** Prevalence rate among kindergarten children is 23.8%. About 29.5% of families of infected kindergarten children have at least one other member co-infected, of which 39.4% are heavily infected, prevalence in family members of ≤ 10 years old is higher than that of the rest ($p < 0.03$). Positivities among members of ≤ 10 years and those > 10 years of age with habit of finger sucking, nail biting are 9.85 ($p < 0.004$) and 6.1 times ($p < 0.009$) as high as those without this behavior, respectively. The act of not washing the anal area every early morning in the infected kindergarten kids will increase the infectivity to household members of ≤ 10 y.o. but not to the > 10 y.o. group. If the children with enterobiasis are directly cared by their mother, then transmission to their family members will be lower (OR = 0.27, $p < 0.03$). **Conclusion and recommendations**: Relatively high prevalence in kindergarten children and co-infection among their family members imply that pinworm control must not be restricted to kindergarten children, but active participation from household members of the infected children is also needed. Therefore, dissemination of knowledge on pinworm prevention to communities via mass media is necessary in order to gradually eliminate the disease.

Key words: familial, enterobiasis.