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Abstract (oral session)

**Infection due to *Strongyloides stercoralis*: epidemiological, clinical, diagnosis findings and outcome in 63 patients**

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**Background:** *Strongyloides stercoralis* is a nematode parasite, which is endemic in tropical and subtropical regions. Infection usually remains asymptomatic, but in immunocompromised hosts severe and life-threatening manifestations such as hyperinfection syndrome and disseminated disease might occur. **Methods:** We retrospectively analyzed the epidemiological and clinical characteristics, including HIV co-infection, microbiological findings, and outcome in 63 patients with strongyloidiasis, who attended in the Tropical Medicine Unit of Hospital Universitario Central de Asturias, Spain, between 2006-2010. **Results:** The study included 26 men and 37 women with an average age of 33 years. The mean time of permanence in Spain was 958 days. The most frequent countries of origin were Equatorial Guinea (27%), Ecuador (20,6%), Senegal (9,5%), Nigeria (9,5%), and Ethiopia (4,8%). Eighteen per cent of patients were immigrants and the rest were travellers. The most frequent symptoms were abdominal pain (60%), eosinophilia (28%) and the rest are asymptomatic. All patients showed positive serological test and in one patient the microscopic visualization was positive. Thirteen patients have eosinophilia in blood (mean 2,552 cells/mm<sup>3</sup>, limits 540-17,000 cells/mm<sup>3</sup>). HIV co-infection was present in 8 patients (70%) with a median CD4 T cell count of 250 cells/mm<sup>3</sup>. One patient had a HTLV-I coinfection. Other underlying diseases were: hepatitis C (9,5%), chronic hepatitis B (5%), All patients were treated with ivermectin. None patients developed hyperinfection syndrome. In all patients the serology became negative six months before the treatment. Two patients leave the follow-up and the rest are yet to follow. All patients survived. **Conclusions:** The presence of infection for *S.stercoralis* is frequent in high-risk patients although without symptoms. To prevent potentially fatal hyperinfection syndrome, it is necessary realized screening with several stool examinations and serologic testing in risk groups and in infected instituted the treatment.