Abstract (poster session)

Characteristics of Dientamoeba fragilis infection. A neglected disease
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Introductions: Dientamoeba fragilis is a protozoan parasite found in the gastrointestinal tract of humans initially considered it as a non-pathogenic commensal. Polymerase chain reaction (PCR) is the diagnostic method of choice due of its high sensitivity. The aim of this study was to document the prevalence and clinical features of D. fragilis infection in patients attended in a Tropical Medicine Unit. Methods: During the years 2011-2012 we conducted a prospective screening program of D. fragilis infection in all patients attending in Tropical Medicine Unit of Hospital Universitario Central de Asturias. Combined examination of three concentrated stool samples, and polymerase chain reaction was used as screening. We considered that infection exits if the microscopic visualization of larvae in stool sample and/or the polymerase chain reaction was positive. Clinical information was collected on any patient who was diagnosed with D. fragilis infection. Eosinophilia in blood test was studied. All positive patients were treated with metronidazole for ten days. Follow-up stool samples were collected 2–4 weeks after treatment and underwent microscopy and PCR. All data was entered into a database and analyzed using SPSS 18.0 software package. Results: Among 247 patients (116 symptomatic and 131 asymptomatic patients) D.fragilis was detected at 15 patients,(62% male, average age 32 [8] years). The prevalence was 6%. All patients were diagnosed by polymerase chain reaction Microscopy didn’t detected parasites. The countries of origin were: Spain (53%), Israel and Pakistan (13% each), and Argentina, Uruguay and Equatorial Guinea (7% each). Most infected patients presented with diarrhea and abdominal pain (60%). Chronic infections, defined as presenting with prolonged diarrhea and symptoms for over 2 week’s duration were reported in six (40%) of patients. Three patients (20%) had a peripheral eosinophilia. The rest were asymptomatic. No other parasites were diagnosed. One patient was immunosuppressed due to liver transplant. Treatment of infection with metronidazole resulted in the eradication of the parasite and complete resolution of symptoms without relapses. Conclusions: These results confirm the pathogenic nature of D. fragilis. It is a commonly encountered enteric protozoan parasite, that should be considered in any differential diagnosis of gastrointestinal disease. We recommend laboratories routinely test for the organism performed by polymerase chain reaction.