

S476

Official Symposium

Trichinosis

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Trichinellosis, produced by the larval stage of nematoda parasite belonging to *Trichinella* spp. is widespread both in humans and animals. Domestic pig is by far the most important source of infection. The parasite is present on all the continents, except Antarctica, but areas where raw pork, horse or game animal meat is consumed, are much more involved. The geographical distribution, documented in 55 countries, is related to cultural, religious and food habits, being more common in areas where raw pork meat is widely consumed. During the advanced stage of the disease, *Trichinella* larvae become encapsulated, or can remain non-encapsulated. The clinical course of the disease is related to *Trichinella* species, infected dose (number of *Trichinella* larvae/gram), immunological background of the host, previous *Trichinella* infections. Acute trichinellosis is easier to be detected in population, the diagnosis and consequently appropriate treatment is often in time and the evolution and good prognosis are common. However, complications (cardio-vascular, neurological, ocular, respiratory, and digestive) can be associated. Mortality rate is estimated at 0.2%. Chronic trichinellosis can determine a long course of the disease, or, can be hazardously discovered. Sequels are very often associated. The diagnosis is based on morphological identification of the parasite, serology (screening and confirmatory) and molecular diagnosis. Eosinophilia and increased muscle enzymes are relevant. The appropriate treatment should be initiated as soon as possible. In many states, including EU member states, the notification of the disease is compulsory. In spite the control measures, applied in many countries, in Europe there are still endemic foci.