

CLINICAL ASPECTS, ELECTROMYOGRAPHIC AND EVOLUTION OF NEUROSCHISTOSOMIASIS PATIENTS (ABSTRACT)\*. **DISSERTATION. RECIFE, 2004.**

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Mansoni schistosomiasis is a parasitic disease that assault nearly 10% of total Brazilian population, mainly from northwest, and it constitutes an important public health problem. The neurological presentation is especially severe because of motor, sensitive, sphincterian and erectile disturbances associated with neuroschistosomiasis, that are difficult to recuperate.

Objectifying to describe clinical and electromyography aspects of neuroschistosomal patients, analyzing clinical evolution, the author studied 47 patients, aging from 14 to 65 years old, 11 (23.4%) females, who attempted emergency or ambulatory consultation at neurological service of Hospital da Restauração, Recife, Pernambuco, Brazil, from 2000 June to 2003 June. One has evaluated clinical manifestations, magnetic resonance image alterations, cellular and biochemical characteristics of cerebrospinal fluid, ultrasound hepatosplenic findings, motor, sensitive and sphincter evolution and electromyography patterns, besides the relation of these findings and the motor clinical evolution after a median period of three months after hospital discharge.

Main clinical manifestations included isolated

sphincter disturbances (100%), motor deficit (95.7%) and sensibility alterations (83%). The anatomical level most frequently involved was low thoracic region from T6 to T12 (57.4%). Thirty four (91.9%) of 37 patients submitted to magnetic resonance presented hyposignal at T1 and hypersignal at T2, with contrast capture predominantly at thoracic region, isolated or extended to spinal cord cone. On cerebrospinal fluid, the findings were pleocytosis (93.6%) with lymphomonocytic pattern. Hepatosplenomegaly was absent for 32 of 38 (84.2%) patients submitted to abdominal ultrasound. Electromyographic pattern of 95.2% patients was compatible to axonal lumbosacral multiradiculopathy, with variable denervation extension, but predominant from level L2 to S2.

Within reevaluation, motor disturbances more frequently disappeared; the sensitive ones got better and sphincter ones did not alter. There was worst motor recuperation on patient with more extensive denervation at electromyography.

**KEY WORDS:** neuroschistosomiasis, electromyography, diagnosis.

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CLINICAL AND DEMOGRAPHICAL CHARACTERISTICS OF PEOPLE WITH EPILEPTIC CRISIS COMING FROM A CYSTICERCOSIS AND TAENIASIS ENDEMIC AREA IN BAHIA STATE (ABSTRACT)\*. **DISSERTATION. SALVADOR, 2003.**

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Epilepsy is frequent all over the world, occurring independent of gender, age, race or social status. The highest prevalence rates occur in countries under development and are due to infectious parasitic diseases, like cysticercosis. Neurocysticercosis is the main cause of secondary epilepsy in the world because of its high prevalence in regions with precarious sanitary infrastructure. The study of epileptic crisis in

poor communities, with inadequate medical care and poor access to medication, allowed the analysis of a clinical evolution close to the disease's natural history. Besides, it represents the local community's reality and eliminates selection bias, different from studies conducted in reference centers.

*Objective:* To determinate the prevalence of epilepsy and to describe the clinical and demographical