

REPORT OF IMPORTED CASES OF *LOA LOA* IN VENEZUELA

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It is estimated that 300 million people in the world are infected with filariae (A. Fain, 1981, *Ann. Soc. Belge Med. Trop.*, 61: 589-599). *Loa loa* filariasis affects 2 to 3 million subjects in Central Africa (A. Fain, 1981, *Ann. Soc. Belge Med. Trop.*, 61: 277-285) and *Mansonella perstans* is widespread in Africa and also occurs in intertropical America and in the south of the Caribbean Islands (F. Hawking, 1977, *Trop. Dis. Bull.*, 74: 649-679).

Five imported cases of filariasis are reported in this communication, two with *L. loa* and three cases mixed with *M. perstans*, same being the first cases of this illness reported in Venezuela.

Five male patients, aged 31 to 42 years, coming from the Republic of Equatorial Guinea (Central Africa), visited the physician complaining of non quantified fever and chills within three days to their arrival to Venezuela. Antecedents show that three of the patients referred treated malaria, type and date unknown. Four of them up to three frames of *L. loa* filariasis in the past five years, treated with Diethylcarbamazine (DEC), treating scheme unknown. Since three months ago, three of them refer pruritus, arthralgia and frequent headaches. They deny other antecedents of importance. At the physical examination Calabar swelling in the hand was observed in two of them. There was no evidence of ocular damage. Remainder of the physical examination showed no other abnormalities.

Samples of peripheral blood were taken between 10:00 and 16:00 h, performing extensives colored with Giemsa at 10% for 20-30 min, reporting *Plasmodium falciparum* and *L. loa* microfilarias in three patients, and *L. loa*

microfilarias and *M. perstans* in two patients. *L. loa* microfilarias was about 250 to 300 μm long and 6 to 8 μm wide, sheated, with a conspicuous cephalic space followed by a few comparatively large granules arranged irregularly and with a slender tail, composed of a column of unevenly spaced several elongated nuclei. *M. perstans* microfilarias measure 190-200 μm by 4 μm , are unsheated. The tail tapers to a bluntly rounded end and nuclei extend to the end of the tail.

Patients with *P. falciparum* were treated with just one dose of 1500 mg of Sulfadoxina and 75 mg of Pirimetamina, complemented with 45 mg of Primaquina base substance, giving evidence of parasitological negativity in later control.

Subsequently, the microfilaremia was quantified, finding up to 30 *L. loa* microfilarias per 20 μl . In the mixed cases, relation between *L. loa* and *M. perstans* was 25/8 per 20 μl . Routine hematical tests showed between 8-30% of eosinofilia. Urine test showed no alterations.

Patients with *L. loa* microfilarias were treated with a DEC dose of 2-3 mg/kg during 21 days. Patients with mixed microfilaria were treated with an Ivermectin dose of 200 mcgrms/kg, just one dose. Twenty five days after treatment, there was a reduction of 70% of *L. loa* microfilarias and 80% of mixed microfilarias. There was evidence of 6-17% of eosinofilia, remainder of the hematical test showed no other abnormalities. Fifty days after treatment there was evidence of parasitological negativity in both treatments. They did not refer allergic or adverse reactions of any kind during said treatments.