

## A CASE OF HUMAN FASCIOLIASIS IN QUALYOBIA GOVERNORATE

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### ABSTRACT

Human fascioliasis has been recently become a health problem in Alexandria and Dakahlia governorates. This paper report a new focus of human fascioliasis.

### INTRODUCTION

Human fascioliasis is caused by infection with *Fasciola hepatica* which normally inhabits the liver of sheep and also by *F. gigantica*.

### SUBJECT and METHOD

A farmer aged 30 years from El Canater Center, was presented with hepatic colic, cough, vomiting, generalized abdominal rigidity, urticaria, irregular fever and more or less persistant diarrhoea. Routine urine stool and blood examination revealed no parasites. The blood picture showed marked anaemia, early leukocytosis and very high eosinophilia. Sigmoidoscopy showed intestinal inflammation and a more or less large operculated eggs. The eggs were markedly demonstrated as *Fasciola* eggs in duodenal aspiration.

### RESULTS and DISCUSSION

The case was diagnosed human fascioliasis. The patient was suc-

cessfully treated by Metronidazole in a dose of 1.5 gm daily for three weeks together with general tonics. In Egypt, animal fascioliasis is a known disease and has been dealt with by several authors as Nagaty et al. (1959) and Abdel Ghani (1962). On the other hand, human fascioliasis showed itself as a health problem in Alexandria governorate (Farag et al, 1979) and Abou Basha et al, 1990) and in Dakahlia governorate (Ali et al, 1974). Ectopic fascioliasis was reported by El Ghawabi et al (1978) and El Shazly et al (1991). So, it seems that human fascioliasis is a health problem extending in the Nile Delta. Physicians should keep in mind human fascioliasis when dealing with patients with suggestive manifestations particularly from animal fascioliasis foci

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Letter to the Editor

## SCHISTOSOMA CERCARIAE IN BIOMPHALARIA

### ALEXANDRINA IN ATANIA, AL MINIA GOVERNORATE

Family Schistosomatidae includes species that are among the most dreaded parasites of humans (Schmidt and Roberts, 1989). In Egypt, two species prevail; *Schistosoma haematobium* and *mansoni*. The latter species was known to be less widely distributed in Egypt than the former; being localized only in the Nile Delta, north of Cairo (Brown and Neva, 1983). This was because the snail intermediate host (*Biomphalaria alexandrina*) being unable to flourish in the rapid currents of upper Egyptian water channels. However, the agricultural projects intended to increase the food production in our country created more suitable conditions by extending *Biomphalaria alexandrina* habitats. This actually occurred after the construction of the Aswan High Dam. According to Hassan (1990), *B. alexandrina* snails started to appear in Al Minia Governorate in 1968. He added that this snail is now prevalent all over Upper Egypt. Oriby et al. (1988) recorded for the first time acute cases of *Schistosoma mansoni* infection in Al Minia. The parasite was thought to be harboured by some villagers returning from Assiut, Sohag and Qena Governorates (Ammar, 1992), although no natural infection in *Biomphalaria* snails was discovered in any of upper Egyptian Governorates.

The present author noticed a rate of infection (14.4%) with *Schistosoma mansoni* in villagers of Atania village which is a small village in Al-Minia Governorate and on extensive survey of snails only one snail was found naturally infected with cercariae of *Schistosoma mansoni*. This seems to be the first record of natural snail infection in all Governorates of Upper Egypt. This also denotes that *Schistosoma mansoni* started to be a public health problem in El-Minia Governorate.

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