

33-Turkse vrouw

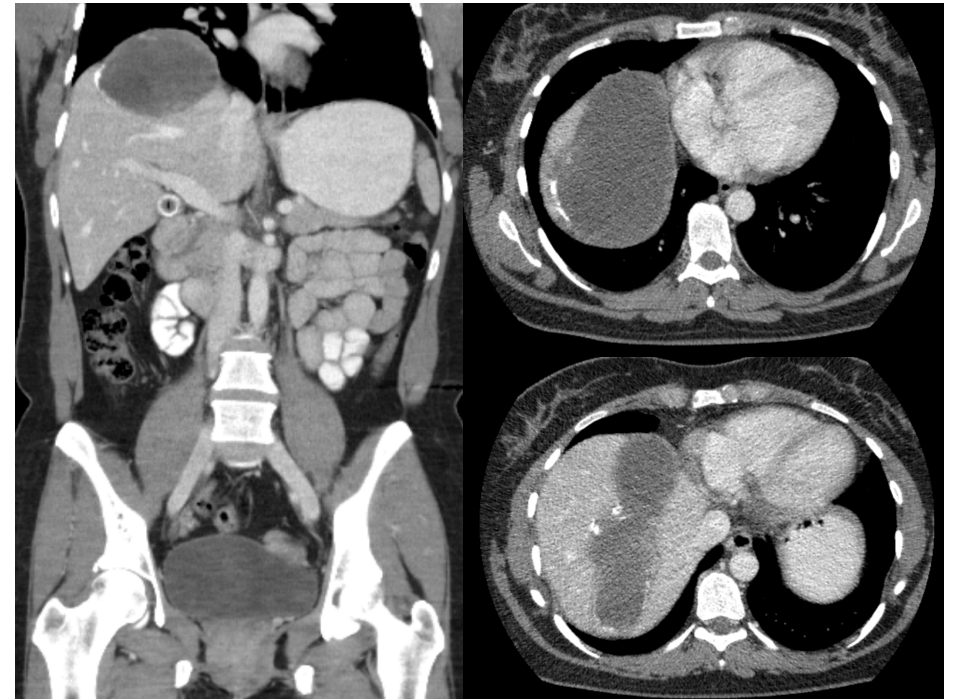
3/12 Pijn onder rechter ribbenboog

Pijnlijk vergrote lever

Normale leverchemie

Platteland Ankara

Schapen en honden gehouden



Vraag I

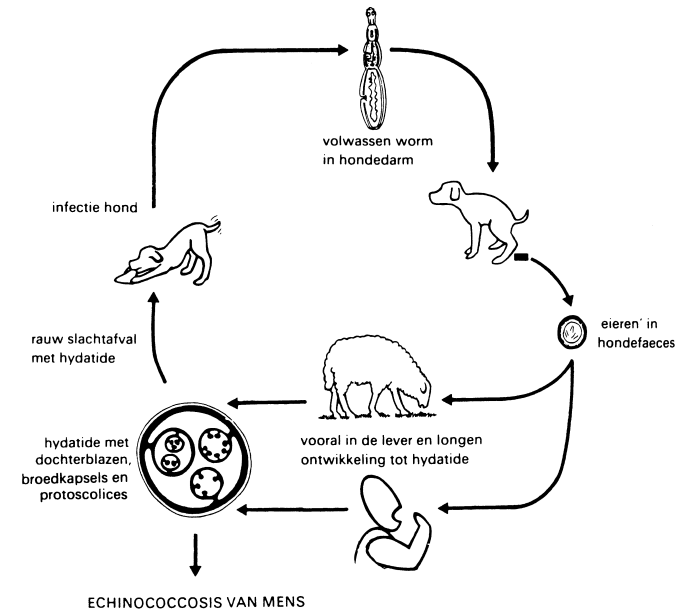
Via welk dier wordt echinococcosis overgedragen op de mens?

- schaap
- hond

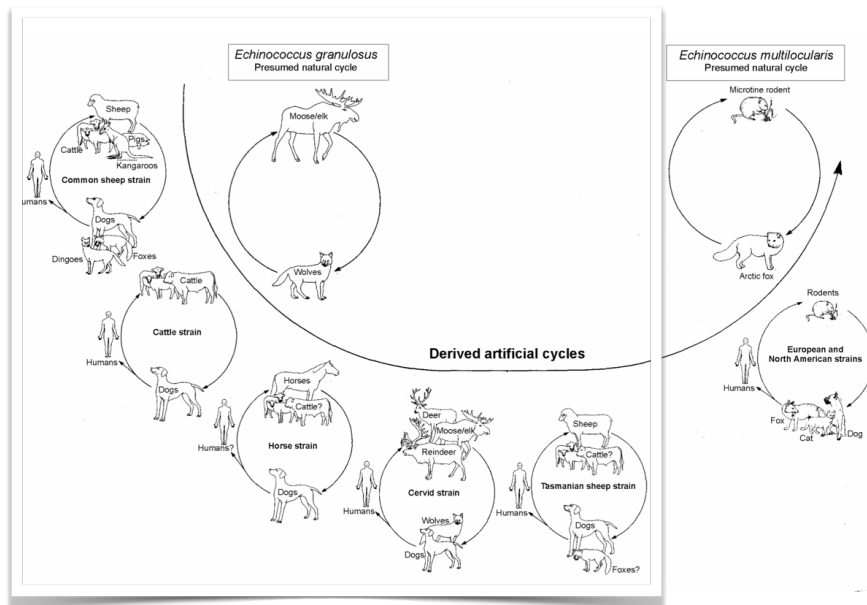
Vraag II

Vanaf welke diameter cyste is (heelkundige) behandeling geïndiceerd?

- 7 cm
- 10 cm



Medische Parasitologie 2005



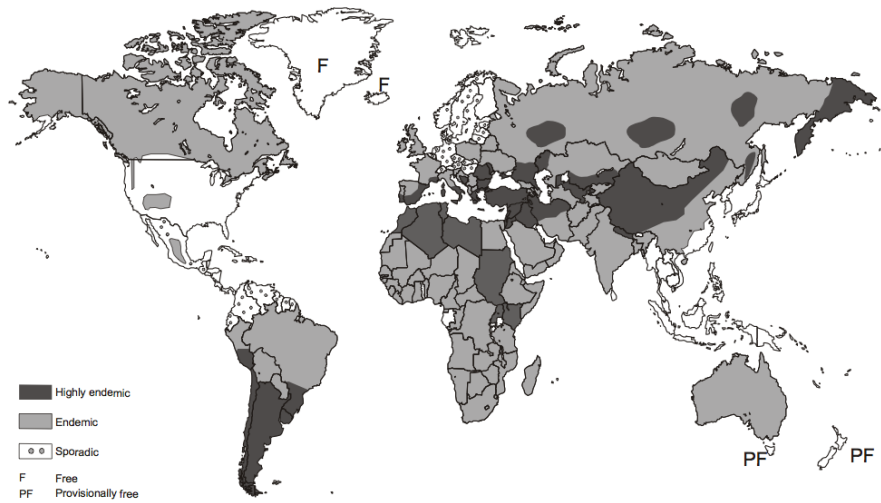
WHO/OIE Manual on echinococcosis in humans and animals 2001



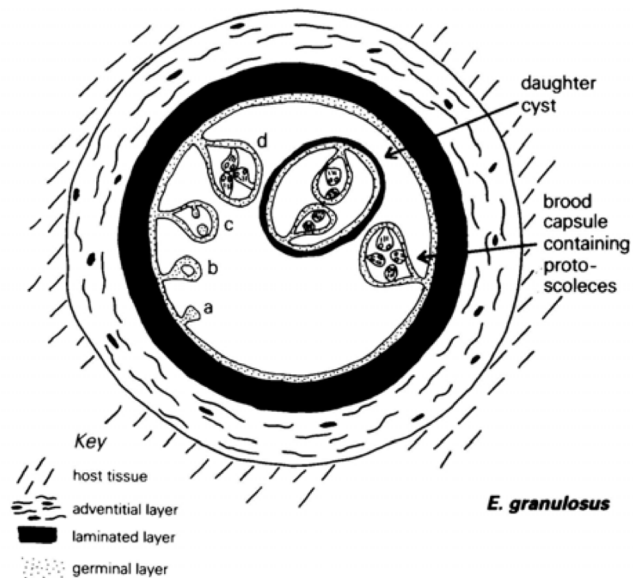
Lancet Infect Dis 2007;7:385

Karakteristieke kenmerken

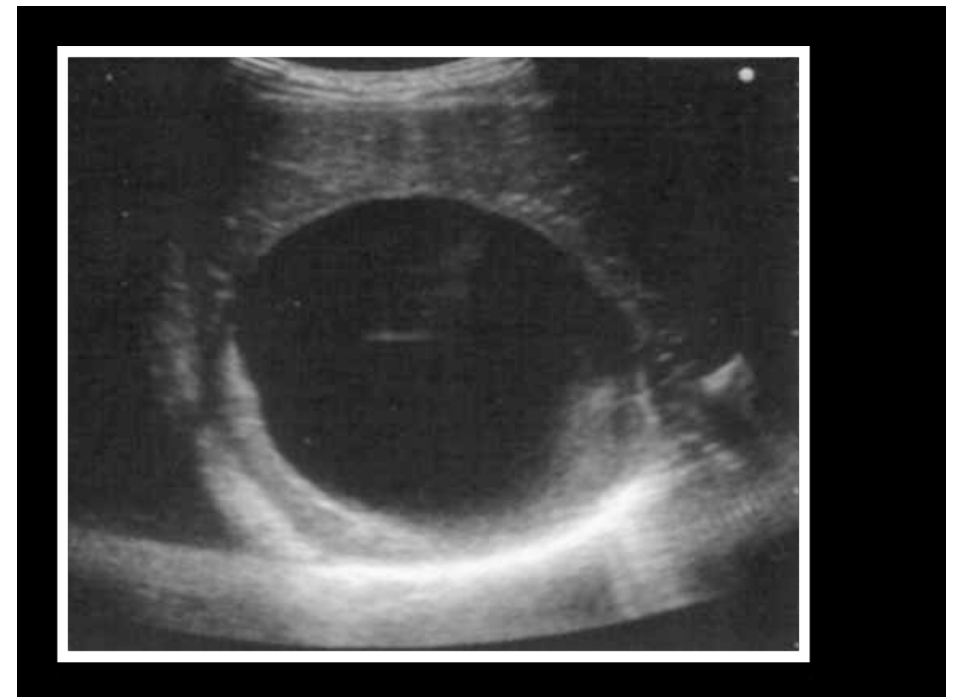
- Uniloculaire cyste met zichtbare cystewand (laminaire laag) en sneeuwvlok-achtige inclusies
- Loslating laminaire laag van pericyste
- Ronde cystische structuren in grotere (moeder)cyste

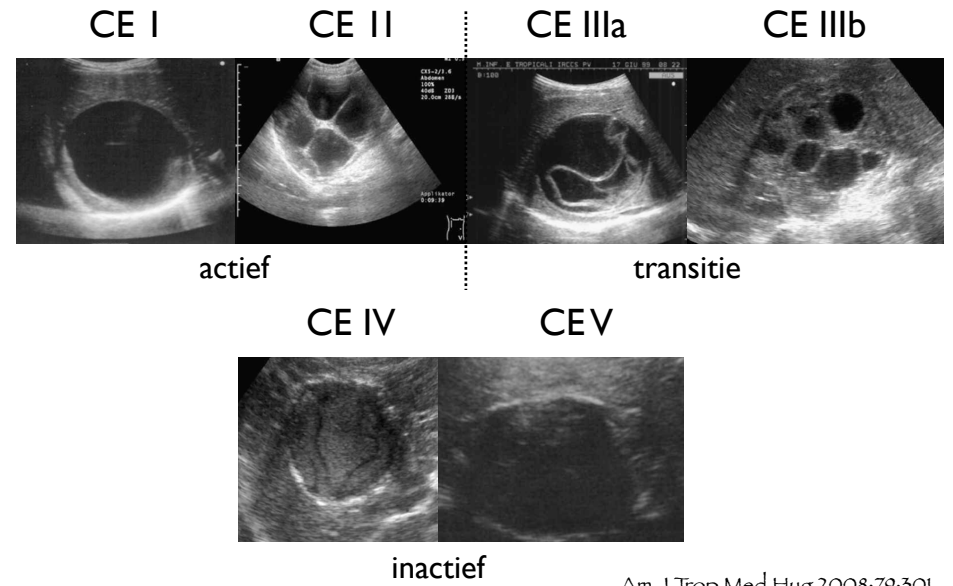


WHO/OIE Manual on echinococcosis in humans and animals 2001

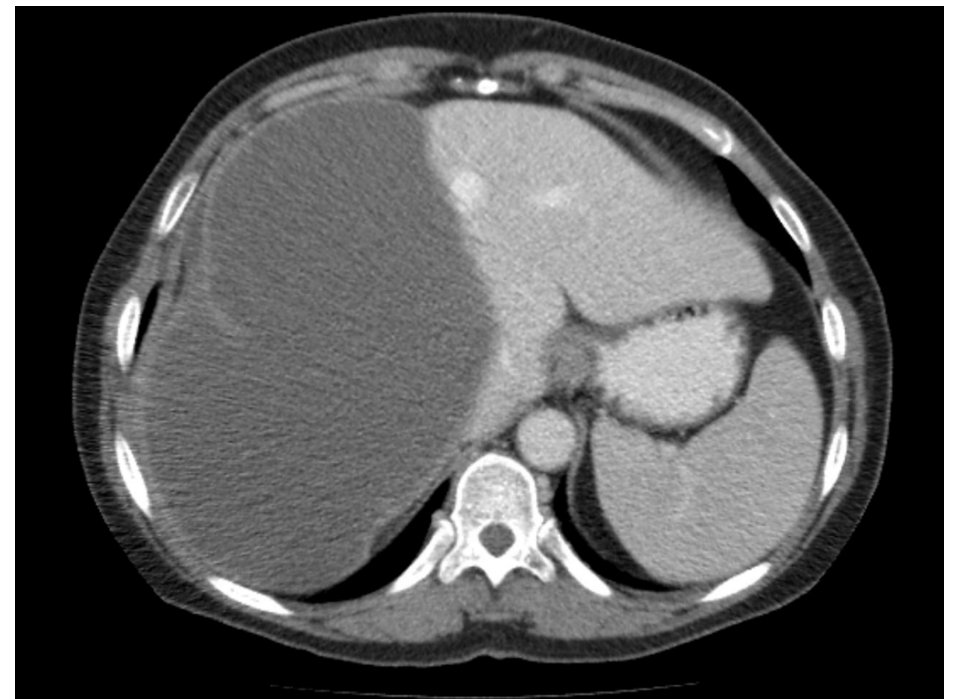


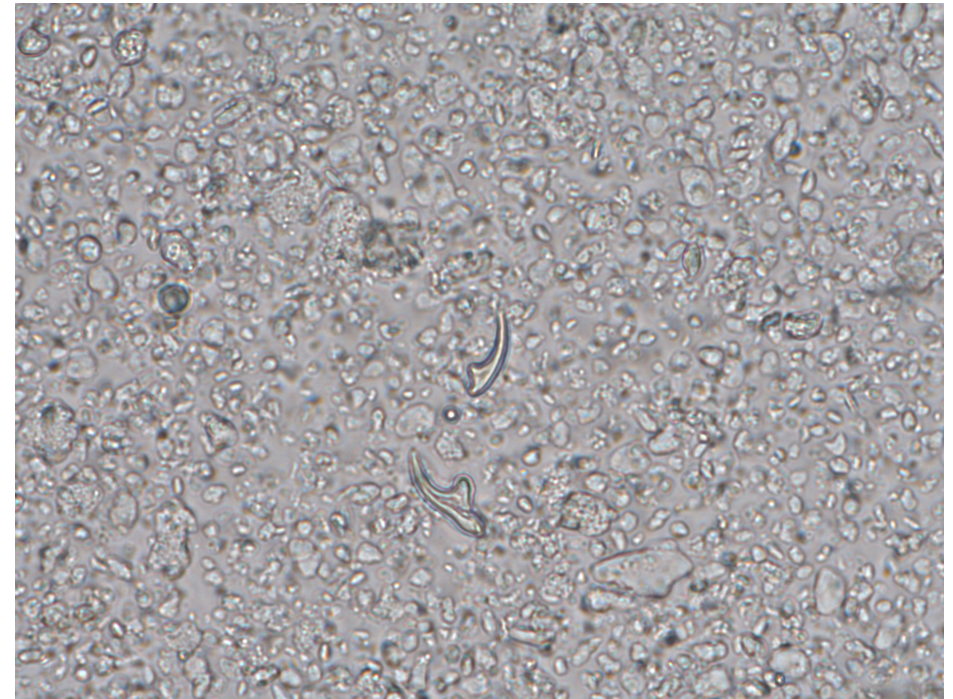
WHO/OIE Manual on echinococcosis in humans and animals 2001





Am J Trop Med Hyg 2008;79:301





Approaches for immunodiagnosis of cystic echinococcosis in humans

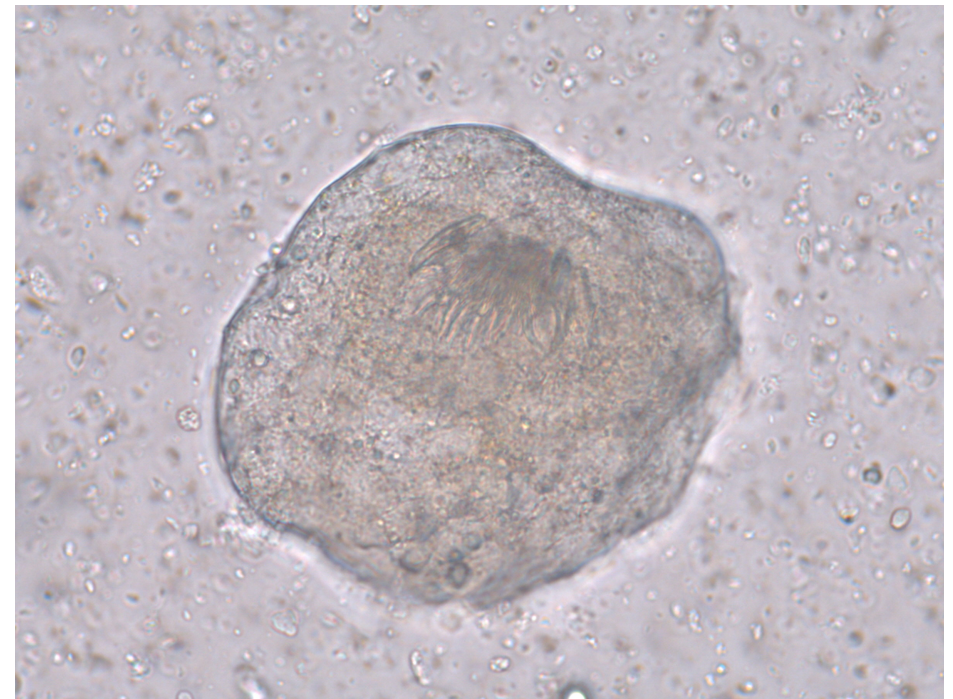
First step: Primary antibody test

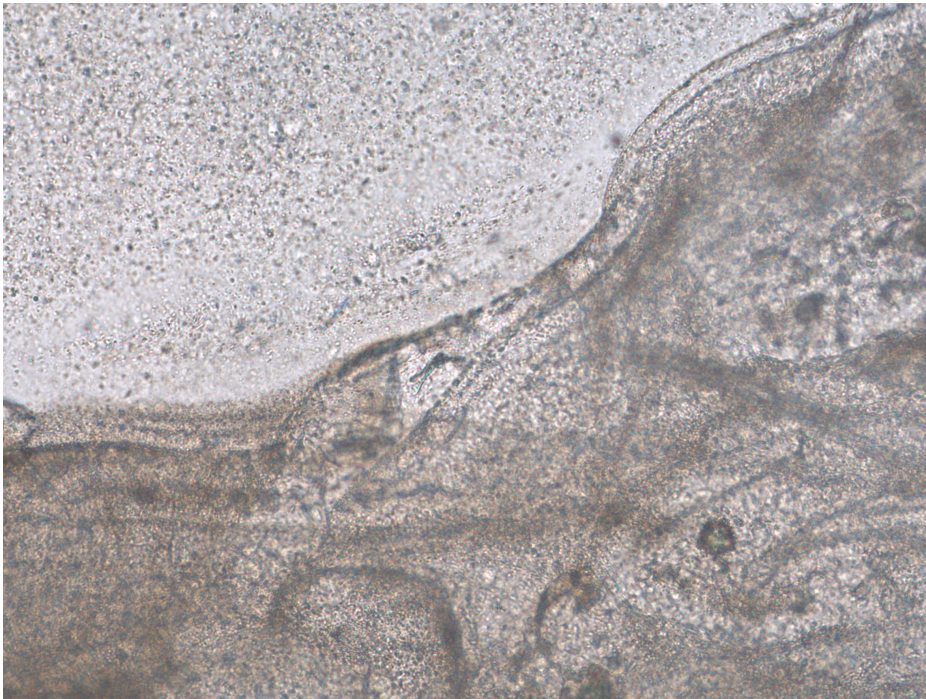
Test for serum antibody detection: IgG-ELISA with *E. granulosus* antigen or another adequate system (Table 2.7). A combination of two or more primary tests may increase sensitivity

Subsequent steps

| ↓ | ↓ | ↓ |
|---|--|---|
| <p>Seronegative samples</p> <p>People without imaging structures or other signs suggestive for CE</p> <p>No further serological follow up or further steps of differential diagnosis</p> | <p>Seronegative samples</p> <p>People with imaging structures suggestive for CE</p> <p>Asymptomatic cases Extended and/or advanced imaging and repeated serological examinations, including differential diagnosis for AE*</p> <p>'Wait and observe' approach with repeated serological examinations</p> <p>Symptomatic cases Consideration of cyst puncture (Chapter 2.2.3.6.) Consideration of surgical intervention and/or chemotherapy without further serological examinations</p> | <p>Seropositive samples</p> <p>People with or without imaging structures suggestive for CE</p> <p>Asymptomatic and symptomatic cases Secondary antibody test (Tables 2.8. and 2.9.) Arc 5 test IgG4-ELISA Immunoblot for antibodies reactive with subunits of <i>E. granulosus</i> antigens Serological differential diagnosis for AE (ELISA-Em2plus, immunoblot) (Chapter 2.3.3.4.)*</p> |

* differential diagnosis for AE and in certain cases (for example brain cyst) for cysticercosis may be necessary in patients from areas with endemic occurrence of these diseases





Albendazol

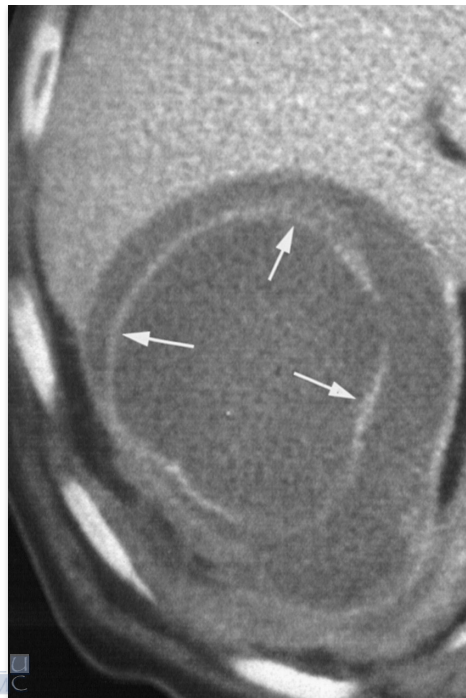
| | Response rate (inactief stadium of verdwijnen) | |
|------------|---|------------------------|
| Activiteit | CE1 (50%-73%) | CE2 - CE3 (30%-55%) |
| Afmeting | <6 cm (50%-60%) | >6 cm (25%-30%) |
| Recidief | Eerste (25%) | Volgende (60%) |

Follow-up 1-2 jaar

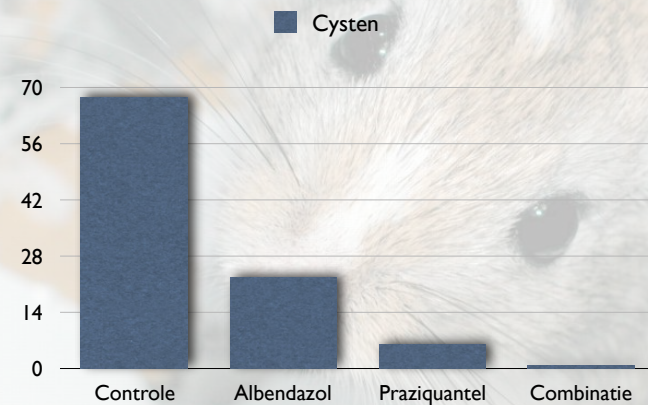
Plos Negl Trop Dis 2009;9:e524

Albendazol

- Germinatieve laag
Protoscolices
- 'Uithongeren'
Remt glucose
opname
- Wateronoplosbaar
First-pass effect
ALB sulfoxide

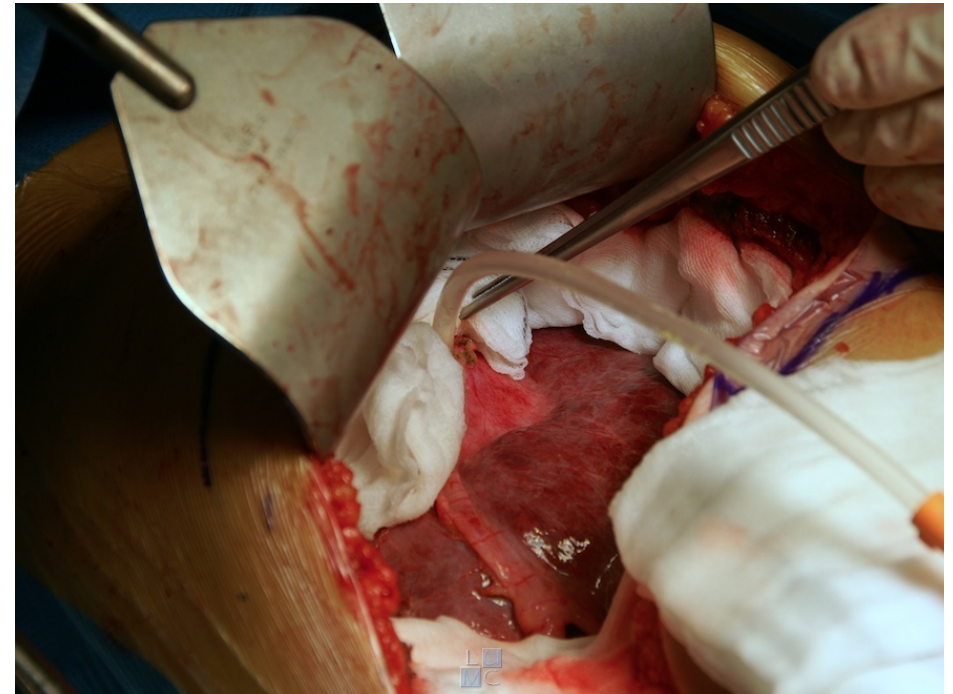


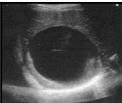
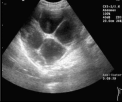


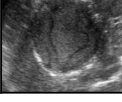
Combinatietherapie



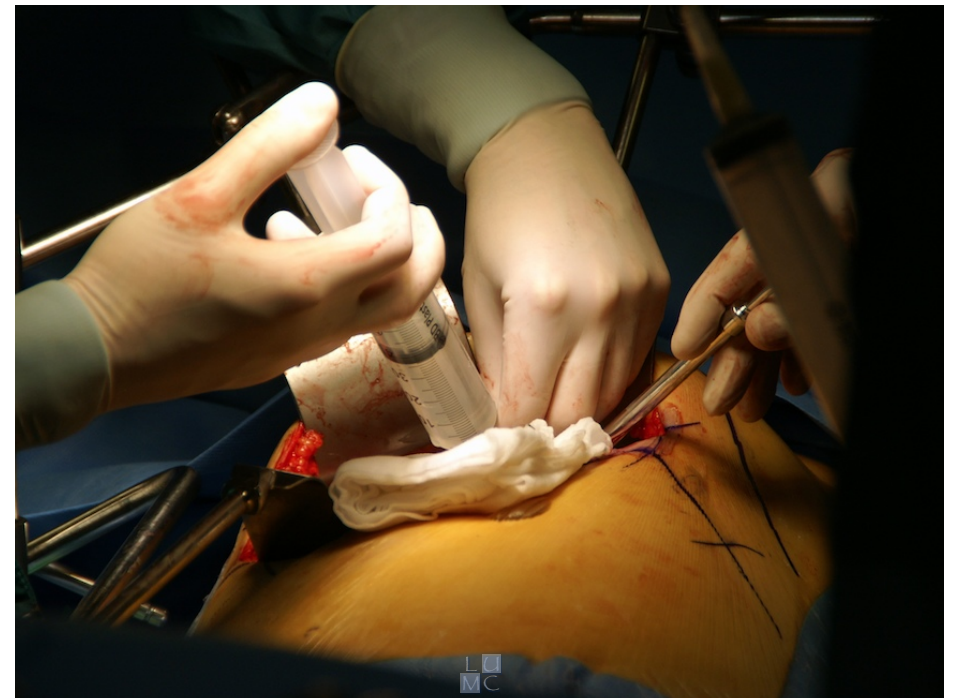
Br J Surg 1989;76:954

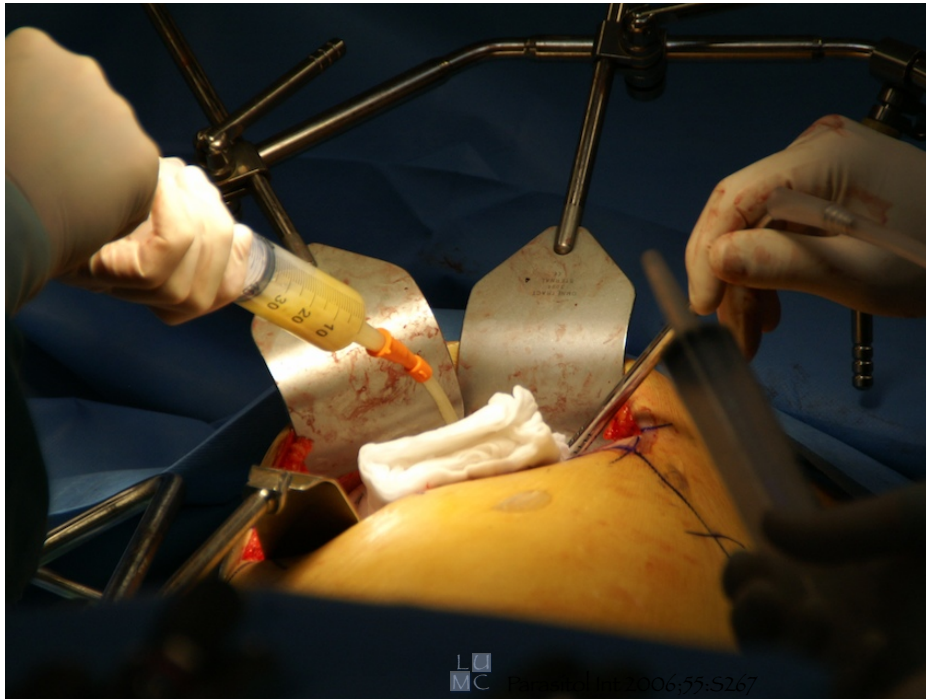
| Albendazol | Praziquantel |
|------------------------------------|------------------------|
| 10 mg/kg/d 2 giften | 25 mg/kg/d 2 giften |
| germinatieve laag protoscolices | protoscolices |
| spill suppressie | spill |



| | |
|---|--|
|  | Puncture, aspiration, instillation, re-aspiration (Heelkunde) |
|  | Heelkunde (PEvac) |
|  | Heelkunde (PAIR) |
|  | Heelkunde (PEvac) |
|  | Expectatief |

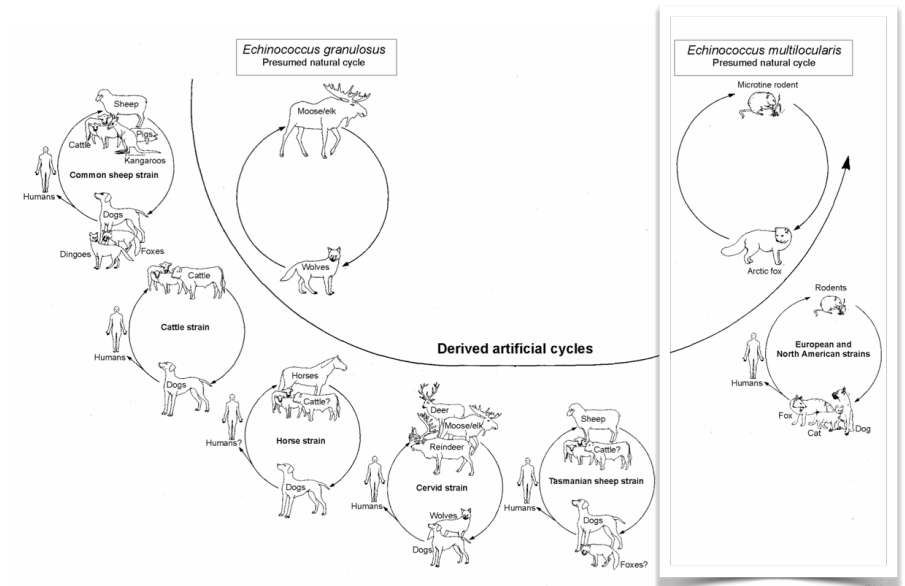
Albendazol 2dd 5 mg/kg vanaf 1-4 W voor tot 6-12 M na ingreep

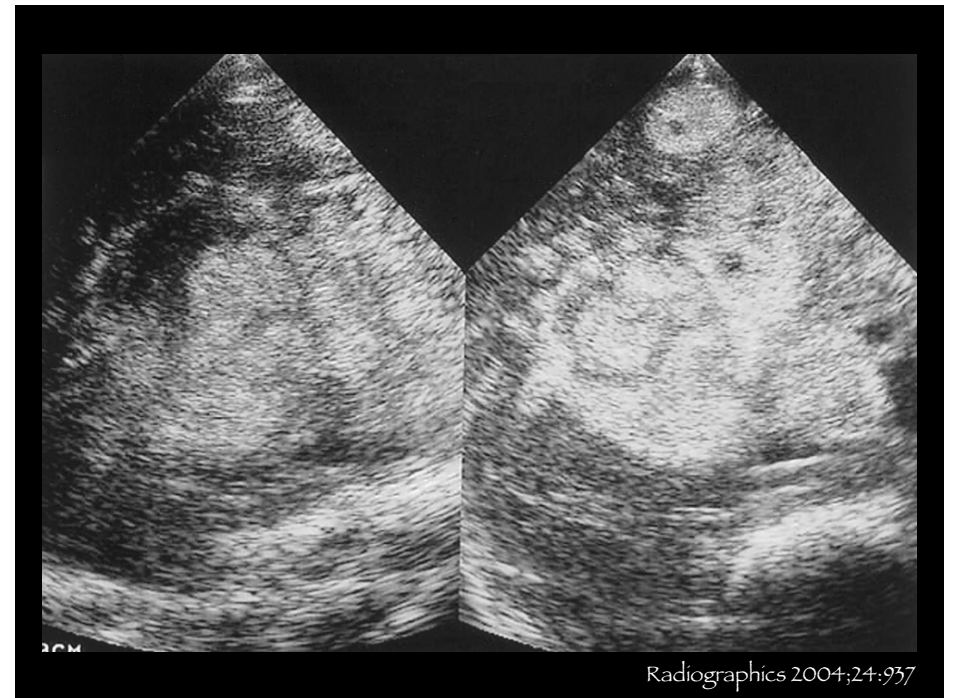
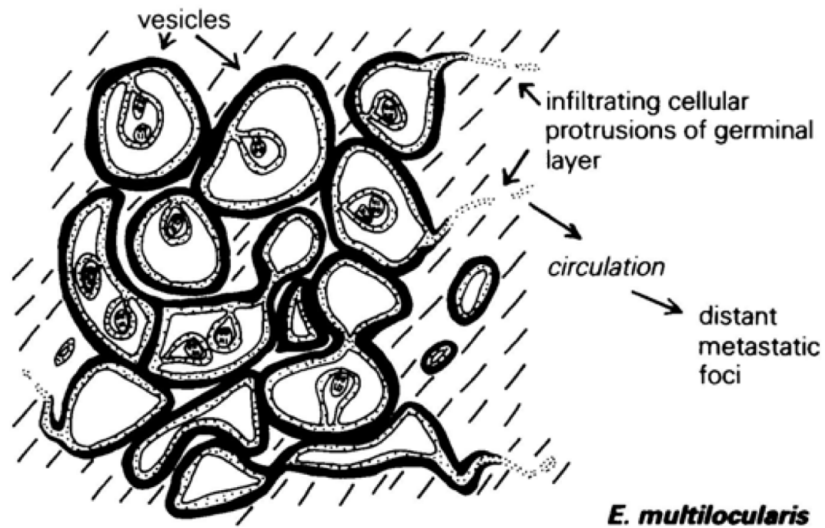
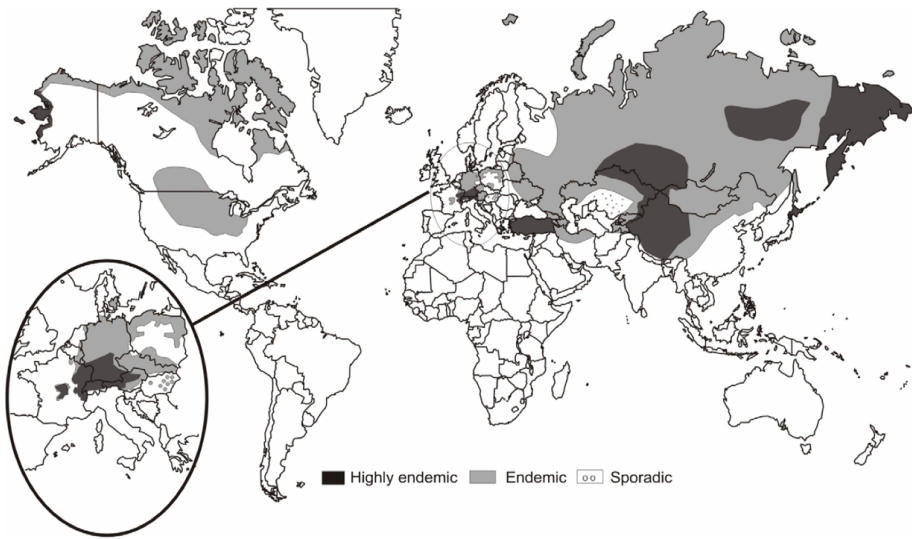




Conclusies *E. granulosus*

- Klachten door massawerking
- Karakteristieke beeldvorming structuur cyste
- Gecompliceerde cysten chirurgisch behandelen
- Combinatietherapie bij (verwachte) spill







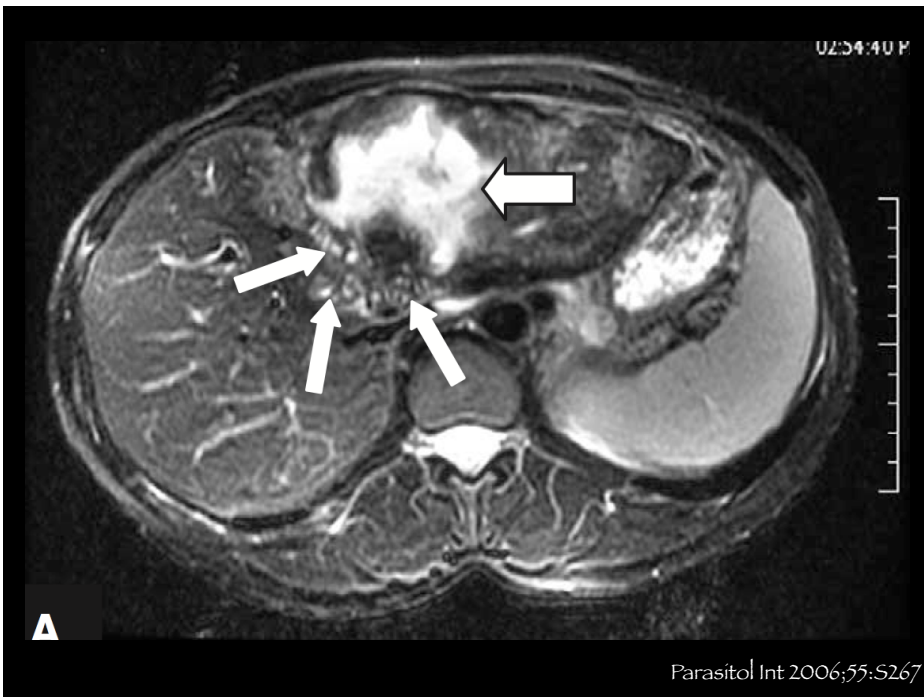
Approaches for immunodiagnosis of alveolar echinococcosis in humans

First step: Primary antibody test

Usually, for primary testing assays are preferred which exhibit high sensitivity, but may be less specific, whereas in secondary testing assays are employed which have high specificity but may be less sensitive


Subsequent steps

| ↓ | ↓ | ↓ |
|---|--|--|
| Seronegative samples | Seronegative samples | Seropositive samples |
| People without imaging structures or other signs suggestive for AE | People with imaging structures suggestive for AE | People with or without imaging structures suggestive for AE |
| No further serological follow-up In persons with suspected infection risk: Repeated serological examinations after 3 and 6 months, and US imaging if indicated | Asymptomatic cases Extended and/or advanced imaging and repeated serological examinations Fine needle biopsy for PCR or immunohistology may be considered in rare cases If lesions are fully calcified, serological and imaging follow-up after 6 months to confirm parasite abortion Symptomatic cases Consideration of surgical intervention and/or chemotherapy without further serological examinations | Asymptomatic and symptomatic cases Secondary antibody test: for assessment of primary test and exclusion of cross-reactions (Table 2.16.) Em2Plus-ELISA Em alkaline phosphatase-antigen-ELISA Immunoblot for specific bands or similar test (Table 2.16.) Serological differential diagnosis for CE (see text) |



Behandeling

- Radicale excissie gevolgd door 2 jaar albendazol behandeling
- Levenslange suppressieve behandeling met albendazol



Conclusies *E. multilocularis*

- Laattijdig klachten door infiltratieve groei
- Centrale rol MRI
- Radicale chirurgisch behandeling
- Langdurige nabehandeling albendazol



Cysteuze leverziekten

- Biologisch gedrag Echinococcus sp en klinische presentatie
- Kenmerkende structuur en beeldvorming
- Albendazol
- Chirurgische behandeling gespecialiseerd centrum

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