

The modern course of giardiasis: features of diagnosis and clinical paintings

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Since the first description of lamblia in 1859 by D.F. Giardia is a discussion about the pathogenicity of lamblia, the clinical and epidemiological significance of giardiasis.

Currently, the pathogenicity of lamblia is considered unequivocally proven. Based on the literature data and our own observations of patients with giardiasis, it can be argued that in recent decades, everywhere, under the constant influence of unfavorable environmental factors, dramatically changing the body's resistance and its reactivity, conditions have been created for an enhanced pathogenic effect of lamblia on all body systems. If earlier opinions were expressed about infection with lamblia (lamblia), suggesting the adaptation of the human body to the parasite without damaging its influences (coexistence by the type of symbiosis), then in modern conditions, with a sharp decrease in immunity, organ-tissue disorders under the influence of harmful environmental factors (air, water, food, etc.

According to the scientific group of the World Health Organization (WHO) (1983), giardiasis is classified as one of the parasitic diseases of greatest public health importance. The prevalence of giardiasis depends on the state of nutrition, water supply and sanitary-hygienic skills of the population. According to the WHO (1983, 1998), the invasion rate of children is 15–20%, among adults in developed countries the invasion rate reaches 3–5%, and in developing countries - over 10%. According to L.M. Dedkova (1998), using an enzyme-linked immunosorbent assay, antibodies to lamblia antigens are detected in 42% of patients with gastrointestinal tract pathology.

In official reports on the incidence of giardiasis, figures are two orders of magnitude less. For example, in the Leningrad region, the incidence in 2000-2002 was 35-52 per 100,000 population.

In the presented work, an attempt is made to analyze the clinical picture and develop clinical and diagnostic criteria for various forms and complications of giardiasis, in order to compile diagnostic algorithm that improves the quality of diagnostics of giardiasis.

We analyzed 113 case histories of patients who were treated at the Svetlogorsk central military sanatorium in 2001–2003, who were first diagnosed with giardiasis. Among them: men - 63 people (56%), women - 50 people (44%).

34 patients (30%) had no complaints. They were examined: due to eosinophilia in the blood - 21 people,

epidemiological indications (presence of patients with giardiasis in the family) - 15 people.

79 patients (51 men and 28 women) had complaints that allowed the doctor to suspect a gastroenterological pathology:

- aching pains in various parts of the abdomen in 100%, more often (83%) in the epigastrium, of medium and low intensity, in 75% not associated with food intake;
- in 85% of the pains were accompanied by discomfort in the right hypochondrium: sensation gravity - 40%; aching pain, accompanied by nausea - 45%;
- intense, paroxysmal pain in pancreatic projection glands, sometimes accompanied by vomiting - 15%;
- 71% had unstable stools, more often with a tendency to constipation, 48% had episodes of "incomprehensible" diarrhea against this background.

When analyzing the anamnestic data, the following structure of diseases was obtained in those infected with lamblia:

- in 18 patients (23%) - chronic cholecystitis;
- in 46 patients (58%) - irritable bowel syndrome;
- in 5 patients (6%) - hyperbilirubinemia;
- in 8 patients (10%) - chronic pancreatitis;
- in 10 patients (13%) - duodenal ulcer;
- in 26 patients (33%) - chronic gastritis;
- in 6 patients (8%) - other diseases (dermatitis, urticaria, etc.).

It was almost impossible to determine the duration of the invasion, the role of lamblia in the manifestation of the above pathology when analyzing the anamnesis. It should be noted that after one course of etiotropic therapy, 21 patients with irritable bowel syndrome showed a significant improvement, 4 patients with hyperbilirubinemia showed normalization of the bilirubin level, which confirms the significant role of lamblia in the development of pathological processes in the gastrointestinal tract.

On objective examination, in all cases, palpation of the abdomen showed pain in the epigastrium - 100%, in the right hypochondrium (Kera's symptom) - 82%; at the Kacha point - 62%; at the point of De Jardin - 55%; along the colon, especially in the area of the cecum and sigmoid colon - 70%. It is especially necessary to note the diagnostic value of determining the size of the liver, the elasticity and sensitivity of the hepatic edge. According to our observations, in cases where the examination did not reveal any other reasons for hepatomegaly and liver edema, an enlarged and painful liver can be an important symptom of parasitic intoxication. Reduction of these symptoms during etiotropic therapy also indicates their lambligenic genesis.

60 patients (53%) underwent esophagogastroduodenoscopy. The overwhelming majority of patients have morphological (superficial, erosive-ulcerative) and functional (sphincter insufficiency, reflux) disorders. When comparing clinical and endoscopic data, the following feature was noted: the discrepancy between the bright endoscopic picture and the poor and nonspecific clinical symptoms (the phenomenon of dissociation of endoscopic and clinical data

with giardiasis).

Since 2005, the method of vegetative resonance test (ART) has been used to diagnose giardiasis, and resonance frequency therapy (program F188) has been used for treatment. Some features of the diagnosis and treatment of giardiasis have been identified. So, during resonance frequency diagnostics in persons in whom giardiasis was confirmed by microscopy of feces (45 patients), an insufficiently clear change in conductivity at a reproducible biologically active point to the presented frequency program F188 was noted, especially at an intensity of 100 conv. units on the scale of the device. With a decrease in the signal intensity to 70 - 50 - 30, and sometimes up to 15 conv. units the diagnostic response became clearer. The duration of the diagnostic response was often quite short (up to 1 min). After that, the response was noted at a different, greater or lesser, signal intensity. For diagnostics, we also used pointers from the groups "Nosodes", "Helminths (parasites)", "Dr. Schimmel's preparations", "ART preparations", "Medpharma". The diagnostic significance of these indicators differed in different patients. The drug from the "Medpharma" group (*lamblia intestinalis* (dysentery)) was tested more often and clearly.

The possibility of isolated resonance-frequency treatment of giardiasis was also studied. The study continues, but preliminary data have already been obtained, allowing us to conclude that to obtain a positive clinical and laboratory result in the treatment of giardiasis, 10 to 20 sessions of resonance frequency therapy are required. This may indicate a significant heterogeneity of the causative agents of giardiasis and the need to clarify the resonant frequencies and diagnostic nosodes entered into the equipment.

Thus, on the basis of the study, an algorithm for the diagnosis of giardiasis was proposed, including epidemiological data (contact with patients with giardiasis), characteristic clinical symptoms (abdominal pain not associated with food intake; periodic "incomprehensible" exacerbation of symptoms of gastric and intestinal dyspepsia, increase and soreness liver), the phenomenon of dissociation of clinical and endoscopic data. An important place in this algorithm should be taken by the ART method with the use of diagnostic nosodes and resonant electromagnetic frequencies.

The use of the algorithm increases the likelihood of correct diagnosis, which leads to timely etiological therapy.

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