Vegetative resonance test in the diagnosis of schistosomiasis (a case from practice)

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Schistosomiasis - helminthiasis, called flat worms flukes, representing dioecious trematodes, each of which causes its characteristic nosoform [1]. The main distribution in the countries of the tropical and subtropical zones (South America, the Caribbean, Africa, the Middle East) [2, 3]. In Russia, it used to be met only with foreigners. Currently, due to the increase in the well-being of the population and, as a consequence, a significant increase in tourist trips of citizens around the world, and in countries with a warm climate in particular, clinically significant cases of the disease have begun to be registered.

We would like to draw your attention to an interesting, from our point of view, clinical case.

Patient K., 57 years old, since 1997. Permanently lives in Austria, visits countries with hot climates several times a year. She fell ill two years ago, when, after a vacation in Egypt, episodes of abdominal pain, accompanied by frequent urination, first appeared. After a while, episodes of dysuria began to end with gross hematuria. In the future, general weakness, decreased appetite, weight loss (15 kg in two years) grew progressively, complaints of nausea and dizziness appeared. She was examined and treated in large European and Russian medical institutions. The diagnosis was unclear. The last conclusion of the Institute of Urology is climacteric cystitis. She received several courses of broad-spectrum antibiotic therapy, after which her condition worsened due to unstable stool and severe flatulence.

On examination (10/28/2007): the state of moderate severity, moves with support, attention is drawn to the pale gray color of the skin, shadows under the eyes, hypomimia, lack of interest in talking with the doctor. The skin is dry, on the abdomen it gathers in slowly straightening folds. Turgor of tissues is reduced. Correct physique, reduced nutrition, subcutaneous fat is evenly distributed, single peripheral lymph nodes no more than 0.5 cm in size are palpable. There are no catarrhal phenomena. Vesicular breathing, carried out in all departments, no wheezing. The region of the heart is not changed, the boundaries of relative cardiac dullness are not expanded, the heart sounds are somewhat muffled, rhythmic. BP - 130/75, heart rate - 82 in 1 min. The abdomen is soft, moderately painful along the entire course of the large intestine, rumbling on palpation. Liver at the edge of the costal arch, soreness at the point of the gallbladder. The spleen is not palpable. The chair is unstable (according to words) up to 3 times a day. Free urination - outside of episodes of dysuria. Pasternatsky's symptom is negative on both sides. There are no focal symptoms. Tendon reflexes D = S. Muscle strength is reduced in all muscle groups. There are no meningeal symptoms.

Survey data: in repeated general urine tests, microscopy

sediment without features; in one study, conducted the day before an episode of abdominal pain and dysuria, 12–15 erythrocytes in the FOV. The study of urine for sterility revealed the growth of Escherichia coli 10^4 CFU / ml. Cystoscopy (26.04.07, Institute of Urology) - an. urine catheter - the norm. Dz: chronic cystitis. Molecular diagnostics of infections by PCR (09.2007, P-ka No. 2 of the Ministry of Economic Development of the Russian Federation) - chlamydia, mycoplasma, ureaplasma, gardnerella, herpes 1, 2 - were not detected. Biochemical blood test, hubbubs (thyroid gland, genital), hemostasiological research are the norm. Investigation of the interferon status revealed an insufficiency of the IFN system of the 2nd degree in alpha (80.00) and gamma (32.00) links. An. feces for dysbiosis - a decrease in the content of bifidobacteria, an increase in the content of E. coli with typical properties. Ultrasound of the small pelvis (09.20.07, penitentiary of the Ministry of Economic Development of the Russian Federation) -small uterine fibroids (11.1 x 10.1 mm) in combination with the inner endometriosis. Pathohistological examination of a biopsy specimen of the inner wall of the bladder (11.09.07, P-ka No. 2 of the Ministry of Economic Development of the Russian Federation) - chronic cystic cystitis. Expressed submucosal edema
layer with the presence of loose, infiltration in scanty lymphocytic
it. In the epithelial layer Coprological single "Brunn's nests".
examination (15.10. RMAPO) - severe syndrome
malabsorption in the small intestine, increased fermentation in the colon, hypochlorhydria. Ultrasound of the abdominal cavity and bladder (02.11.07, IPAP) - ultrasound signs of chr. cholecystitis, pancreatopathy, moderate dilatation of the renal pelvis on both sides (P - 13 mm, L - 9 mm), the bladder wall - 3 mm, the differentiation of the layers is not disturbed. In the anterolateral wall, a single
hypoechoic rounded
formation with a diameter of 2.4 mm. Histological scatology (author's method by E.S. Chernysheva) (09/27/07) - intact and damaged fragments of nematode bodies, fragments of bodies and cuticles of trichocephalics, eggs of trichocephals, intact and damaged. VRT (07.11.07, IPAP) - giardiasis, schistosomiasis (Shistosoma haematobium). Dispersion mapping of ECG (10.11.07, IPAP) - moderate changes in the process of ventricular depolarization, signs of temporary
functional instability of the myocardium.

Comparing the data of the anamnesis, patient, clinical examination and
complaints of the data of laboratory and instrumental examination, decided after
preliminary detoxification infusion therapy in combination with hepatoprotectors and metragil against the background of powerful adsorbents (ultra zosterin 60%) to carry out treatment with biltricide. The patient noted a subjective improvement in her condition already on the second day after taking biltricide. After 7 days, appetite improved markedly, attacks of dysuria became less pronounced and were not accompanied by gross hematuria. After 2 weeks, she began to come to the procedures herself, smiles, gained 1 kg in weight. Three weeks later, a second course of biltricide was carried out with the support of hepatoprotectors (Heptral), adsorbents, and normoflorins. His condition and well-being improved rapidly. Disappearedall complaints, the diet gradually expanded and the daily routine approached the life of a healthy person. The weight gain in 1.5 months was 4 kg. With ultrasound of the small pelvis after 1.5 months. from the start of treatment, no myomatous node was found (the study was carried out by the same specialist, on the same apparatus). Ultrasound of the bladder does not register a hypoechoic formation in the anterior

side wall. Urine tests are a stable norm. During ART, the decrease in the measuring level became insignificant. Follow-up by phone 03/08/08
- I feel good, no complaints.

Based on the foregoing, we believe that it can be argued: the value of the autonomic resonance test in a number of instrumental diagnostic procedures for this pathology is one of the leading places, and the study of complex patients with this method can be invaluable both in diagnosis and treatment.

Literature

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