

Parasitic skin diseases

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The skin is a mirror of our body and reflects any of its troubles. She is constantly exposed to external influences, including infectious ones. It is known that the skin, nervous system, intestines, sense organs develop from one germ layer - ectoderm. This determines their close functional and organic relationship. The gastrointestinal tract (GIT) and especially the hepatobiliary system plays an important role in maintaining the body's homeostasis. In case of violation of their functions, intoxication, the skin must also suffer. Sometimes the condition of the skin, skin diseases, including parasitic lesions, indicate the presence of an infection of the gastrointestinal tract before the onset of clinical symptoms from the gastrointestinal tract.

Dermatoses can be caused by the following coelenterate parasites:

- ankylostomiasis - 16 cases;
- strongyloidosis - 19 cases;
- trichinosis - 11 cases;
- ascariasis - 21 cases;
- cysticercosis - 14 cases;
- schistosomiasis - 11 cases;
- toxoplasmosis - 12 cases;
- amebiasis - 7 cases;
- tularemia - 7 cases.

Ankylostomiasis. There are 2 types of helminthiasis, different in etiology, but similar in clinical manifestations - ankylostomiasis and non-kotorosis. These skin lesions are known by various names: "earthen scabies", "water scabies", "miner's rash". In places where the larvae are introduced, often on the arms and legs, in the interdigital folds, on the soles and in the area of the joints, a localized spotty, papular (papula - nodule) rash, papulovesicular (vesicula - vesicle) rash or bullous rash (bulla - bubble); in the areas of the ankles - there may be edema and urticarial elements (urtica - blister). Rashes form in the area of follicles and on areas with delicate skin, often complicated by pyoderma and resolved in 2-3 weeks.

In the later stages, there are: pallor of the skin and mucous membranes, single

polymorphic elements and hypopigmented spots.

Strongyloidosis (synonym: "soil itch", larva currens). The causative agent is strongyloides stercoralis. The early stage is characterized by the development of allergic reactions; in the future, in the places of introduction of the larvae, a papular, urticarial, papulovesicular rash with pronounced itching is observed. Nonspecific dermatitis, swelling of the skin is difficult to differentiate from the classic "soil itching" in ankylostomiasis.

In the later stages of the disease, a creeping rash (larva currens) is characteristic. More often it manifests itself in the perianal region and spreads to the skin of the thighs, buttocks, lateral parts of the body to the shoulders, abdomen. The legs, feet, hands, genitals are not affected. Marked: moderate itching, along the vessels - linear, creeping, roller-like blisters, which can spread at a speed of 5-10 centimeters per hour. In patients with immune disorders, rashes of the type of purpura (hemorrhagic spots) are possible.

Trichinosis. The causative agent is trichinella spiracles. The disease begins acutely, with fever and muscle pain, there is paralysis of the muscles of the tongue and jaw, edema of the face, periopharyngeal tissue; diffuse swelling and voltage skin that resembles dermatomyositis. On the skin of the extremities, appears a transient maculopapular and hemorrhagic rash.

Are characteristic hemorrhage under the nails. Skin biopsies often find parasites. After 2-3 weeks, rashes are resolved.

Ascariasis - a disease caused by parasitism in the body roundworm, widespread throughout the world. Clinical manifestations on the skin are determined by the degree of sensitization.

At an early stage, a widespread urticarial rash with severe itching is characteristic, at the late stage, symptomatic urticaria or elements of centrifugal annular erythema (erythema - large hyperemic spots).

Cysticercosis. The disease is caused by the parasitism of the larvae of the pork tapeworm - cysticercus. Distinguish cysticercosis of the skin and subcutaneous tissue, muscles, brain. In the skin of the trunk or, less often, other areas, around the parasite, single or multiple nodes are formed up to 12 centimeters in diameter, round or oval, mobile, elastic consistency, painless, without signs of acute inflammation. The nodes persist for many years, and later fibrosis and calcification of the nodes develop. Often doctors diagnose them as common lipomatosis.

Schistosomiasis (synonym for bilharziasis). The causative agent is trematodes of the schistosoma genus. Cutaneous schistosomiasis is often found in areas with shallow water bodies, rich vegetation and develops in the warm season.

Already in the water or some time after bathing, skin itching of varying intensity appears. In the places of penetration of cercariae, a small-spotty rash appears with a small vesicle in the center, which, opening, leaves a punctate hemorrhagic crust. With an abundance of rashes

a continuous erythematous surface is formed. With repeated contacts, urticarial and papular rashes are formed on an edematous background. The rash disappears after a few days, leaving rapidly disintegrating age spots.

Dermatoses caused by protozoa.

Toxoplasmosis. The causative agent is *Toxoplasma Gondi*. A person becomes infected through contact with animals (cats, rats, mice, pigeons) and through food. Skin rashes are polymorphic: vascular and hemorrhagic spots, nodules, vesicles, blisters, scarlet fever, netted bruises (lived). Alopecia and lymphadenopathy also develop.

Amoebiasis of the skin. The causative agent is *Entamoeba histolytica*. It develops secondarily as a complication of intestinal amoebiasis or as a result of direct contact with infected material.

Tularemia - zoonotic infection. Causative agent - gram-negative polymorphic (predominantly coccoid) bacillus *Francisella tularensis*. Disease NSit is characterized by intoxication, fever, skin lesions, lymph nodes. Carriers of tularemia sticks are hares, rabbits, water rats, voles. The infection is transmitted to humans or directly through contact with animals (hunting), water, food or blood-sucking arthropods (horsefly, tick, mosquito, etc.).

The incubation period lasts from several hours to 3-7 days. Distinguish between cutaneous, pulmonary and generalized forms.

In recent years, the emergence of this rare infection in central Russia and an increase in cases of the disease in Moscow and the Moscow region have been noted. In the Moscow forests, new types of ticks have appeared, which, through their bites, introduce an infection into the bloodstream.

After a bite, people quickly develop several reddish papules on the skin, accompanied by itching. The disease begins acutely with a sudden rise in temperature to 38.5-40 ° C. There is a sharp headache, dizziness, pain in the muscles of the legs, back and lumbar region, loss of appetite. In severe cases, there may be vomiting, nosebleeds. Already in the first days of the disease, skin rashes, redness, swelling of the face and conjunctiva are noted.

Clinically, tularemia can be misdiagnosed as the flu. The body temperature rises to 39 degrees, chills, body aches, bronchitis and pneumonia may develop. It is possible to differentiate tularemia with influenza by urticarial-papular rashes on the skin, the number of which increases within a week from the day of the bite. There is no need to rely on anamnesis, since patients do not always notice a tick bite.

As you can see from the descriptions of infections, the diagnosis of the true cause of dermatoses is very difficult, and besides, dermatologists do not always have

alertness to the parasitic nature of dermatitis. Therefore, the method vegetative resonant test (ART) speaks, can say, the dominant method for identifying the cause of skin diseases.

Clinical examples

1. Patient A., 34 years old. I contacted the Center in October 2011. During three years have been observed by a dermatologist with a diagnosis of diffuse streptoderma. Against the background of antibiotic therapy, she notes minor, short-term remissions. The deterioration of his condition is associated with a stay in Bali, where he lives 2 times a year for several months.

On examination: multiple creeping ulcers with clear, thickened undermined edges with purulent-bloody exudate and necrotic scab at the bottom; ulcers are localized in the buttocks, upper and lower extremities, trunk, face. Marks severe weakness, constant subfebrile condition.

History: once short-term diarrhea.

According to ART data, the following were revealed: electromagnetic load, psycho-vegetative loads, decreased function of the immune system, intestinal dysbiosis, deficiency of microelements; a positive response to the frequency of amebiasis (confirmed later by serological methods: ELISA and NRIF); bacteria - beta hemolytic streptococcus, viruses. Observed and treated on an outpatient basis.

In our Center, the following treatment was carried out:

- biresonance therapy (BRT) through Cu met. D400;
- BRT in time modulation with tested frequencies and subsequent recording of the body's response to a homeopathic carrier for reception between sessions;
- tested drainage homeopathic preparations;
- phytopreparations: "metosept" and "vitanorm" as antiparasitic and anti-inflammatory; "Bactrum" for the normalization of intestinal microflora and as a sorbent; microelements - "cymed" and "maksifam".

Results after 2 weeks: The patient notes a significant improvement in her condition. There is no temperature, the weakness has disappeared. The skin is 80% cleared. The treatment continues.

2. Patient L., 45 years old, came from Moscow. Anamnesis: during working on the garden plot felt "as if something had pricked my hand." She did not find any special marks on the skin. By the evening, the temperature rose to 38

degrees, chills, body aches, pinkish papules on the forearm and legs appeared. The next day, the woman called a doctor, who diagnosed the flu and prescribed antibiotics. The patient complained to the doctor about the appearance of itchy papules, to which the doctor said: "This is nothing special, the skin is dirty." The patient's temperature returned to normal after 3 days, but a cough appeared, papular, itchy rashes on the forearms and legs increased in number. When she went to the doctor in the clinic, the doctor told her that she had chronic bronchitis, bronchodilators were prescribed. For the rash, the doctor advised the patient to see a dermatologist.

The dermatologist, having examined, said that it was an allergic reaction to the drugs she was taking. The fact that the patient drew her attention to the appearance of a rash before taking the drugs was the answer - it's still an allergy, and she prescribed antihistamines. Against the background of antihistamines, the patient's itchy rash increased in number, appeared on the abdomen and back, and the cough intensified.

After 4 weeks from the onset of the disease, the patient turned to our Center. The patient was diagnosed with tularemia by ART.

Complex therapy was carried out: resonance-frequency - tularemia frequencies, BRT, homeopathy, complex body cleansing, including ozone therapy.

Result: after 10 days the patient was healthy, feeling good, no coughing, free breathing, clean skin.

Conclusions:

1. ART allows you to identify not only "lying on the surface", but also hidden causes of diseases, as well as determine an individual approach to their correction.
2. A comprehensive method of treatment: BRT, homeopathy, body cleansing, ozone therapy allows you to cure patients in a short time.

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