

Differential diagnosis of opisthorchiasis and non-endemic trematodes for residents of the Altai Territory

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Currently, in the Altai Territory - a region with a typical distribution of opisthorchiasis - natural focal helminthiasis in the Ob and Irtysh rivers, cases of clonorchiasis, an uncharacteristic disease for the region, caused by a twin species of opisthorchis: Clonorchis sinensis, have begun to be detected. Given the widespread prevalence of Opisthorchis felineus in the Tomsk, Tyumen and Novosibirsk regions, the Orenburg region, the Altai Territory, the northern regions of Kazakhstan - the natural and climatic zone of the spread of helminthiasis belonging to the Ob and Irtysh basins, the issues of diagnosis and treatment of opisthorchiasis are constantly attracting increased attention of parasitologists, epidemiologists, gastroenterologists and hepatologists of the West Siberian region. Sporadic cases of the diagnosis of clonorchiasis according to the ELISA method (determination of antibodies to clonorchiasis in the blood) in these regions requires attention and a differential approach: is the diagnosis erroneous due to the complexity of the differential diagnosis of clonorchiasis and opisthorchiasis against the background of massive opisthorchiasis infection (up to 90% for some territorial entities), or displayed and confirmed correctly. In the latter case, it is required to carry out justified and medically competent sanitary and educational work among the population in order to prevent not only endemic opisthorchiasis, but also clonorchiasis, which can be infected in endemic regions against the background of international "pendulum" migration of the population (tourism, shopping tours, small foreign trade, contract workers from eastern countries). Typical for opisthorchiasis, so for clonorchiasis the syndromes are: gastrointestinal, hepatotoxic, asthenovegetative, etc. In addition to them, these trematodes provoke the development of calculous hepatocholecystitis, bronchospastic syndrome, asthenic syndrome, significantly allergic the human body and change the typical course of a number of diseases of various nosological groups (according to data accumulated in the Altai Territory), and can also lead to liver cirrhosis and cholelithiasis, so how according to the WHO they relate to the carcinogens of the first group. The multiplicity of clinical manifestations of these trematodes and the danger of long-term consequences, the complexity of the diagnosis of clonorchiasis and opisthorchiasis, due to their close antigenic specificity, necessitate the development of principles for the differential diagnosis of these trematodes. hepatotoxic, asthenovegetative, etc. In addition to them, these trematodes provoke the development of calculous hepatocholecystitis, bronchospastic syndrome, asthenic syndrome, significantly allergic the human body and change the typical course of a number of diseases of various nosological groups (according to data accumulated in the Altai Territory), and can also lead to liver cirrhosis and cholelithiasis, so how according to the WHO they relate to the carcinogens of the first group. 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The multiplicity of clinical manifestations of these trematodes and the danger of long-term consequences, the complexity of the diagnosis of clonorchiasis and opisthorchiasis, due to their close antigenic specificity, necessitate the development of principles for the differential diagnosis of these trematodes. They significantly allergize the human body and change the typical course of a number of diseases of various nosological groups (according to the data accumulated in the Altai Territory), and can also lead to liver cirrhosis and cholelithiasis, since according to WHO they are classified as carcinogens of the first group. The multiplicity of clinical manifestations of these trematodes and the danger of long-term consequences, the complexity of the diagnosis of clonorchiasis and opisthorchiasis, due to their close antigenic specificity, necessitate the development of principles for the differential diagnosis of these trematodes. 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In this regard, we made an attempt to expand the scope of our long-term screening examinations for opisthorchiasis and to carry out additional testing of the Clonorchis sinensis nosode.

Survey methods: The surveyed group was a group of people with clinical suspicion of opisthorchiasis (clonorchiasis?) and negative

the result of a primary scatological examination for the presence of helminth eggs.

Opisthorchiasis was diagnosed in three ways:

1. Electropuncture diagnostics (EPD) by the method of R. Voll with using nosodes of helminths, from the drug selector (MS) of the hardware-software complex "IMEDIS-FALL": Clonorchis sinensis Comp; Clonorchis sinensis eggs Comp; Clonorchis sinensis metacercaria Comp.

2. Inverse bioresonance diagnostics using micropreparations of helminths (Opisthorchis felinus).

3. ART with the use of potentiated preparations of helminths MS: Clonorchis sinensis Comp; Clonorchis sinensis eggs Comp; Clonorchis sinensis metacercaria Comp (for a detailed description of the survey options, see the materials of the IV and VIII, XVI, XVII International Conference on BRT, Moscow, 1998, 2006, 2010, 2011, 2012).

In all cases, antibodies to opisthorchiasis (clonorchiasis) were determined in patients by enzyme-linked immunosorbent assay (ELISA) and, after appropriate preparation, scatological examination for opisthorchiasis (clonorchiasis) was carried out by flotation or ether-formol method.

Results and its discussion

According to the results of observations for 13 years (more than 1000 examined), in 83–85% of cases of testing for opisthorchiasis, all tests we used were positive. During the last year of observation, 15 patients who presented with complaints typical of opisthorchiasis, but had a history of travel to the countries of Southeast Asia (Thailand, Vietnam, Cambodia), India and China over the past two years, were tested for clonorchiasis using nosodes of helminths recorded in the MS of the hardware-software complex "IMEDIS-FALL" by the methods of electropuncture diagnostics (EPD) according to the method of R. Voll and ART. Never before have all examined patients been diagnosed with opisthorchiasis (clonorchiasis?). In 12 out of 15 patients, the following were identified:

1. Positive tests for clonorchiasis using all nosodes clonorchiasis recorded in the MS of the hardware-software complex "IMEDIS-VALL" by the methods of electropuncture diagnostics (EPD) according to the method of R. Voll and ART on the meridians of allergy, small intestine, liver and gallbladder;

2. Negative tests for opisthorchiasis using micropreparations helminths (Opisthorchis felinus) by inverse bioresonance diagnostics.

In 3 patients out of 15, the following were identified:

1. Positive tests for clonorchiasis using clonorchiasis nosodes, recorded in the MS of the hardware-software complex "IMEDIS-VOLL": Clonorchis sinensis eggs Comp.; Clonorchis sinensis metacercaria Comp., By methods electropuncture diagnostics (EPD) according to R. Voll's method and ART on the meridians of allergy, small intestine, liver and gallbladder;

2. Negative tests for clonorchiasis using clonorchiasis nosodes, recorded in the MS of the hardware-software complex "IMEDIS-VOLL":

Clonorchis sinensis Comp .; methods of electropunctural diagnostics (EPD) according to R. Voll's method and ART on the meridians of allergy, small intestine, liver and gallbladder;

3. positive tests for opisthorchiasis using micropreparations helminths (Opisthorchis felinus) by inverse bioresonance diagnostics.

When performing ELISA methods for the determination of antibodies in the blood, antibodies to opisthorchus (clonorchus?) Were detected in all 15 patients. As indicated in the instructions for the method, the determination of specific antibodies to these trematodes is difficult due to the close antigenic spectrum of helminths, therefore, an indication of antibodies cannot be the basis for the differential diagnosis of clonorchiasis and opisthorchiasis. Eggs of helminths isolated using routine scatological techniques also do not have a pronounced species specificity.

The results of our observations allowed us to draw the following conclusions:

1. Electropuncture diagnostics is the most highly specific, an informative and promising method in screening studies for helminthiasis, including sibling species: Opisthorchis felinus. Clonorchis sinensis.

2. Methods of electropunctural diagnostics (EPD) according to R. Voll and ART according to compared with laboratory and clinical research methods allow to carry out differential diagnosis and establish a differential diagnosis of trematodosis, in the case of sibling species.

3. Identification of clonorchiasis in non-endemic regions, apparently associated with activation of migration processes in populations, requires awareness of primary care physicians about the characteristics of the life cycles of these helminths (intermediate hosts different from opisthorchiasis: mollusks of the Bulinus, Parofossarulis species, fish of the herring and goby families, freshwater crustaceans, crayfish, shrimps), ways of infection, for effective sanitary and educational work among the population leaving for areas endemic for trematodes.

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