BMJ Case Reports: Parasitic cyst, parrot fever, flatworms
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Removal of parasitic cyst from boy's brain

A previously healthy 12-year-old boy was admitted to hospital with a 6-month history of headaches, projectile vomiting and occasional blurry vision—and was later diagnosed with a cyst containing tapeworm larva in his brain, explain doctors writing in the online journal BMJ Case Reports.

The most common cause is Echinococcus granulosus, also called hydatid worm, hyper tapeworm or dog tapeworm. This type of infection is called a hydatid cyst and usually involves the liver, lungs and, but rarely the brain.

It is endemic in many parts of the world, particularly in the Middle East, Australia, New Zealand, South America and central and south Europe.

Hydatid disease is considered a rare disease and may be sometimes very difficult to diagnose based on the clinical and laboratory findings. The doctors explain the importance of MRI scans to identify and precisely locate the cyst.

Surgery was performed to remove the cyst from the right side of the boy's brain, and there were no postoperative complications. Scans three months later confirmed no further cysts and the boy made a good recovery.

Hobbyist bird-keeper develops pneumonia

A 61-year-old man developed psittacosis—also known as parrot fever—an uncommon cause of pneumonia in humans exposed to infected birds.

The patient, based in the UK, was admitted to hospital with influenza-like symptoms, including fever, cough, malaise and breathlessness. He developed type 2 respiratory failure, became increasingly drowsy, and suffered a convulsive episode in the intensive care unit.

Initial clinical findings suggested community-acquired pneumonia and meningoccephalitis. However, during his stay in intensive care, it emerged that he was a hobbyist bird-keeper. He kept several species of birds, including cockatiel, parrolet, kakareki, turquoise, budgie, canary, bengalese finch, diamond doves, lovebirds, chickens and red rump parrots.

Two of these birds had unexpectedly died recently since the patient's admission. This raised a suspicion of an infection with Chlamydia psittaci, which was confirmed by tests. He was treated with antibiotics and made a full recovery.

Writing in BMJ Case Reports, doctors explain that the infectious disease is caused by a bacterium called Chlamydophila psittaci. It is contracted from infected parrots, pigeons, sparrows, ducks, hens, and other species of bird.

It's a known risk for pet bird owners, zoo and pet shop workers, poultry farmers as well as veterinarians. Around 50 cases occur in England and Wales every year, but it is believed to be underdiagnosed.

Schistosoma (parasitic flatworm) infection remained undiscovered for years

A team of doctors, writing in BMJ Case Reports, describe the case of a 42-year-old man with Schistosoma mansoni (parasitic flatworm) infection acquired possibly during a previous trip to Sierra Leone many years ago.

The patient arrived at emergency department with a 1-week history of pain on the left side of his abdomen, fever and diarrhoea. He reported no recent travel or unwell contacts such as family or friends. Originally from Sierra Leone, he had lived in the UK for 15 years.
When the left side of his abdomen was examined, it was tender and a mass was suspected. Chest and abdominal X-rays were normal.

When examining the inner lining of the patient's large intestine, doctors found a mild and patchy inflammation. Biopsy samples revealed a viable schistosome ovum (egg). The patient was given antiparasitic treatment.

"Schistosomiasis affects over 200 million people worldwide. It can lay dormant for many years and should be considered in patients from endemic areas, presenting with suggestive features," write the doctors.

This case demonstrates the importance of taking "a detailed travel history from any patient with diarrhoeal symptoms. This should include relevant travel and residence abroad, which may extend back to childhood," they say.

**Hookworm develops in woman's skin after trip to Gabon**

A 31-year-old French woman developed a hookworm infection following a trip to Gabon, describe doctors in the online journal *BMJ Case Reports*.

Five days after returning home, the woman noticed a skin rash on her inner left thigh, which grew for one week before she was admitted to hospital.

The infection was described as 'itchy', but no other symptoms were reported and clinical examination did not show other abnormalities.

Human infection, also known as cutaneous larva migrans, occurs when the skin comes into contact with hookworms, which is common when lying or walking on contaminated beaches. The parasites then enter through the first two layers of the skin, and move 2 to 3 centimetres a day.

Dog or cat hookworm is the most common cause of cutaneous larva migrans in people, and it is endemic in tropical and subtropical countries.

The parasites (*Ancylostoma caninum*, *Ancylostoma braziliense* or *Uncinaria stenocephala*) use cats and dogs as natural hosts, and grow in the animal's intestine before being excreted.

No treatment is required as the infection clears up within a few weeks, but the patient was given antiparasite therapy.

**More information:** Intracranial hydatid cyst: imaging findings of a rare disease, *BMJ Case Reports*, casereports.bmj.com/content/2016/bcr-2016-216570

Birds of a feather: an uncommon cause of pneumonia and meningoencephalitis, *BMJ Case Reports*, casereports.bmj.com/content/2016/bcr-2016-216879

A fluke diagnosis, *BMJ Case Reports*, casereports.bmj.com/content/2016/bcr-2016-216169

Imported cutaneous larva migrans by a 31-year-old French woman after a travel in Gabon, *BMJ Case Reports*, casereports.bmj.com/content/2016/bcr-2016-216578

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