

<h1>IMAGES</h1>	in PAEDIATRIC CARDIOLOGY
-----------------	---

Images Paediatr Cardiol. 2000 Oct-Dec; 2(4): 28–39.

PMCID: PMC3232490

Parasitic disease affecting the heart in childhood

H Gilles*

**Emeritus Professor of Tropical Medicine, University of Liverpool, 3 Conifers Avenue, Birkdale, Southport PR8 4SZ, Merseyside, UK*

Contact information: Professor Herbert Gilles, Emeritus Professor of Tropical Medicine, University of Liverpool, 3 Conifers Avenue, Birkdale, Southport PR8 4SZ, Merseyside - UK ; Email: fahy@liv.ac.uk

Copyright : © Images in Paediatric Cardiology

This is an open-access article distributed under the terms of the Creative Commons Attribution-Noncommercial-Share Alike 3.0 Unported, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

Parasitic diseases may occasionally affect the cardiovascular system, albeit rarely in childhood. In this paper, I list the main features of tropical diseases which may affect the heart.

MeSH: Myocarditis, Pericarditis, Myocardial Diseases, Chagas Disease, Trypanosomiasis, African, Larva Migrans, Visceral, Toxoplasmosis, Trichinella spiralis, Amebiasis, Echinococcus

Several parasitic diseases occasionally affect the heart, causing myocarditis, cardiomyopathy and pericarditis as follows:

Myocarditis

[American trypanosomiasis](#)

[African trypanosomiasis](#)

[Visceral larva migrans](#)

[Toxoplasmosis](#)

[Trichinella spiralis](#)

[Amoebiasis](#)

[Echinococcus](#)

Cardiomyopathy

[Chagas' disease](#)

[Toxoplasmosis](#)

Pericarditis

[Amoebiasis](#)

[African trypanosomiasis](#)

[Chagas disease'](#)

[Toxoplasmosis](#)

[Echinococcus](#)

In the majority of instances, adults are predominantly affected, cardiac pathology being uncommon in children except in Chagas' disease.

Chagas' disease

Distribution South and Central America

The parasite Trypanosoma cruzi

The reservoir Humans and arboreal animals

The vector Various species of reduviid bugs (Triatoma)

Transmission

1. Rubbing infected bug species onto skin
2. Blood transfusion
3. Congenital infection

Acute stage

Seen mainly in children:

- Reddish area at site of bite (chagoma)
- Unilateral painless orbital oedema (Romana's sign)
- High fever
- Tachycardia persisting through apyrexial periods

- Acute myocarditis with arrhythmias
- Pericarditis
- Heart failure
- Hepatosplenomegaly
- Lymphadenopathy

Chronic stage

Seen mainly in adult life:

- Cardiomyopathy with right bundle branch block
- Left anterior hemiblock
- Complete heart block
- Premature ventricular beats
- Atrial fibrillation
- T wave changes
- Heart failure (left and right ventricular decompensation)
- Cardiac arrest with sudden death
- Megasyndromes of the intestines

Diagnosis

- Trypanosomes found in blood
- Serological tests (IFAT or ELISA)
- Polymerase chain reaction

Treatment

- Supportive
- Benznidazole or nifurtimox
- The elimination of the disease is being achieved in several South American countries

Figure 1 Distribution of Chagas' disease



Figure 2 Reduviid bug - triatoma species



Figure 3 Ideal habitat for reduviid bugs



Figure 4 Romana's sign in acute Chagas' disease



Figure 5 X-ray of chest: cor pulmonale due to pulmonary hypertension

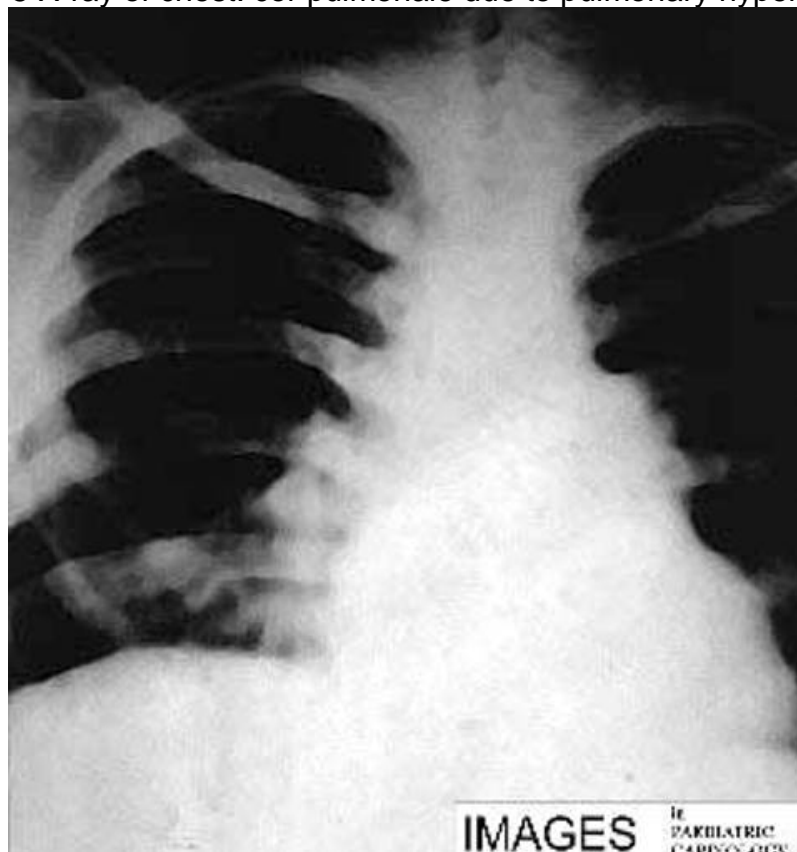


Figure 6 Large ventricular apical aneurysm in chronic Chagas' disease

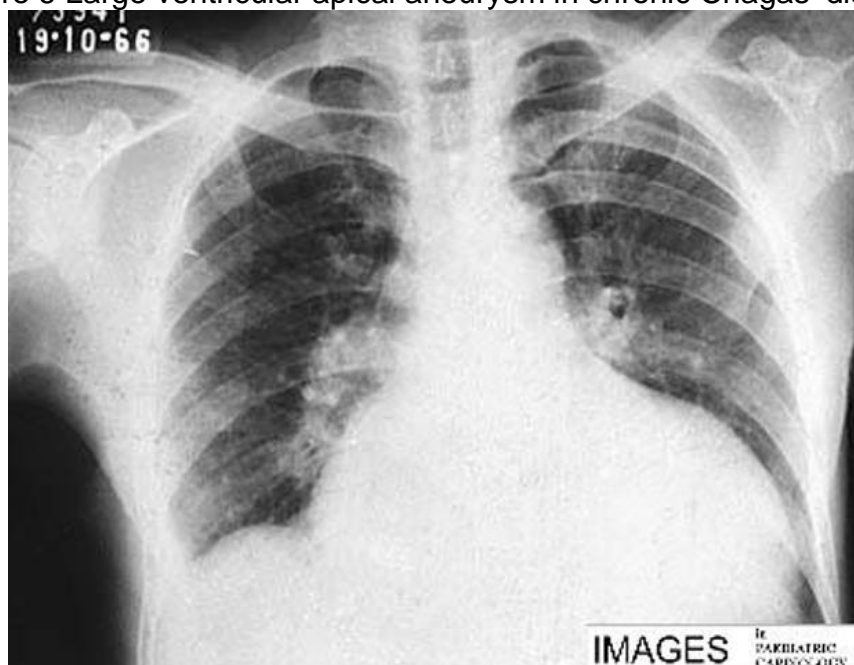


Figure 7 X-ray of chest showing global cardiac enlargement



Figure 8 Cardiomegaly in chronic Chagas' disease



Figure 9 Megacolon

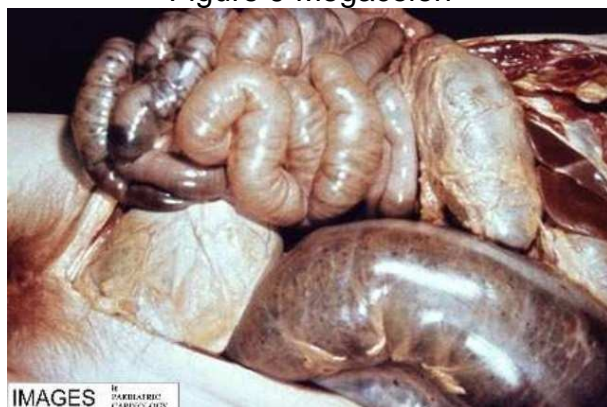
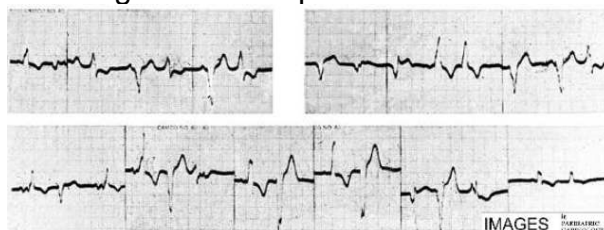


Figure 10 Complete heart block



African trypanosomiasis

Distribution Africa

The parasite *Trypanosoma brucei gambiense* & *rhodesiense*

The reservoir Humans and wildlife

The vector Various species of *Glossina* (Tsetse) flies

Transmission Bite by fly

Clinical features

- Local lesion at site of bite
- Fever
- Lymphadenopathy
- Myocarditis with disproportionate tachycardia
- Tachycardia persisting through afebrile periods
- Arrhythmias
- Heart failure
- Pericardial effusion

Diagnosis

- Trypanosomes found in blood, lymph and cerebrospinal fluid
- Serological tests (IFAT)
- Direct and indirect agglutination
- Antigen detection

Treatment

- Suramin
- Pentamidine (*T. gambiense* only)
- Melarsoprol
- Alpha-difluoromethylornithine (DFMO)

Figure 11 *T. brucei gambiense* in blood film (C/O WHO)

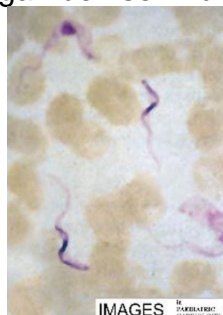


Figure 12 Tsetse fly - Glossina species



Figure 13 Trypanosomal chancre in child (C/O WHO)



Trichinosis

Distribution Worldwide

The parasite *Trichinella spiralis*

The reservoir Pigs and many wild animals

Transmission Ingestion of raw or undercooked animal flesh - predominantly pork or wild boar

Clinical features

- Fever
- Orbital oedema
- Myalgia
- Myocarditis
- Arrhythmias
- Heart failure

Diagnosis

- Serological tests (ELISA)
- Eosinophilia

Treatment

- Mebendazole
- Corticosteroids

Visceral larva migrans

Distribution Worldwide

The parasite *Toxocara canis* & *Toxocara cati*

The reservoir Dogs and cats

Transmission Ingestion of toxocara eggs deposited on the ground in dog faeces

Clinical features

- Fever
- Nocturnal cough and wheezing
- Myocarditis
- Unilateral loss of vision

Diagnosis

- ELISA with larval stage antigens
- Eosinophilia
- Hypergammaglobulinaemia with raised IgM and IgG levels

Treatment

- Diethylcarbamazine
- Thiabendazole

Echinococcus

Distribution Africa, Middle East, Latin America

The parasite *Echinococcus granulosus*

The reservoir Dogs

Transmission Ingestion of echinococcal eggs

Clinical features

- Often none and found on routine X-rays or at autopsy
- Specific features relate to affected organ: liver, lung, bone and brain
- Myocarditis
- Pericarditis

Diagnosis

- Ultrasonography
- Radiology - crescent shadow or 'water-lily' effect
- Antigen detection

Treatment

- Surgical removal
- Albendazole or praziquantel

Toxoplasmosis

Distribution Worldwide

The parasite *Toxoplasma gondii*

The reservoir Cats and migratory birds

Transmission Ingestion of oocysts and meat; congenital

Clinical features

- Fever
- Lymphadenopathy
- Retinochoroiditis
- Myocarditis
- Cardiac hypertrophy and dilatation
- Pericarditis

Diagnosis

- Biopsy and staining
- Serology e.g. dye test
- Immunohistochemistry for antigen
- Polymerase chain reaction

Treatment

- Sulphonamide and diaminopyrimidine

Amboebiasis

Distribution Worldwide but more frequent in the tropics and subtropics

The parasite *Entamoeba histolytica* & *fEntamoeba dispar*

The reservoir Humans

Transmission Faeco-oral route

Clinical features

- Diarrhoea with blood and mucus
- Extra-intestinal manifestations e.g. amoebic liver abscess
- Pericardial effusion

Diagnosis

- Microscopy of fresh stools
- Antibody detection
- Sigmoidoscopy

Treatment

- Tissue amoebicides e.g. metronidazole
- Lumen amoebicides e.g. diloxanide furoate

Schistosomiasis

Distribution South America and the Caribbean, Middle East, Africa, Far East

The parasite

- *Schistosoma haematobium* (urinary schistosomiasis)
- *Schistosoma mansoni* (intestinal schistosomiasis)
- *Schistosoma japonicum* (intestinal schistosomiasis)

The reservoir Humans; various animals (*japonicum* only)

Intermediate host Various species of fresh water snails

Clinical features of *S. haematobium*

- Painless haematuria
- Dull ache in urethral or suprapubic areas
- Pulmonary hypertension
- Cor pulmonale

Clinical features of intestinal schistosomiasis

- Recurrent bloody diarrhoea
- Polyposis
- Hepatosplenic disease
- Pulmonary hypertension
- Cor pulmonale
- Spinal cord involvement
- Epilepsy with expanding intracranial mass

Diagnosis

- Eggs in urine or faeces
- Rectal biopsy
- Renography
- Ultrasonography
- Monoclonal antibody-based dipstick assay

Treatment

- Praziquantel

© Images in
Paediatric Cardiology
(1999-2012)

