

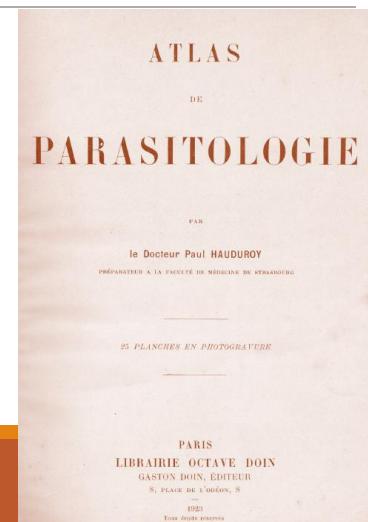
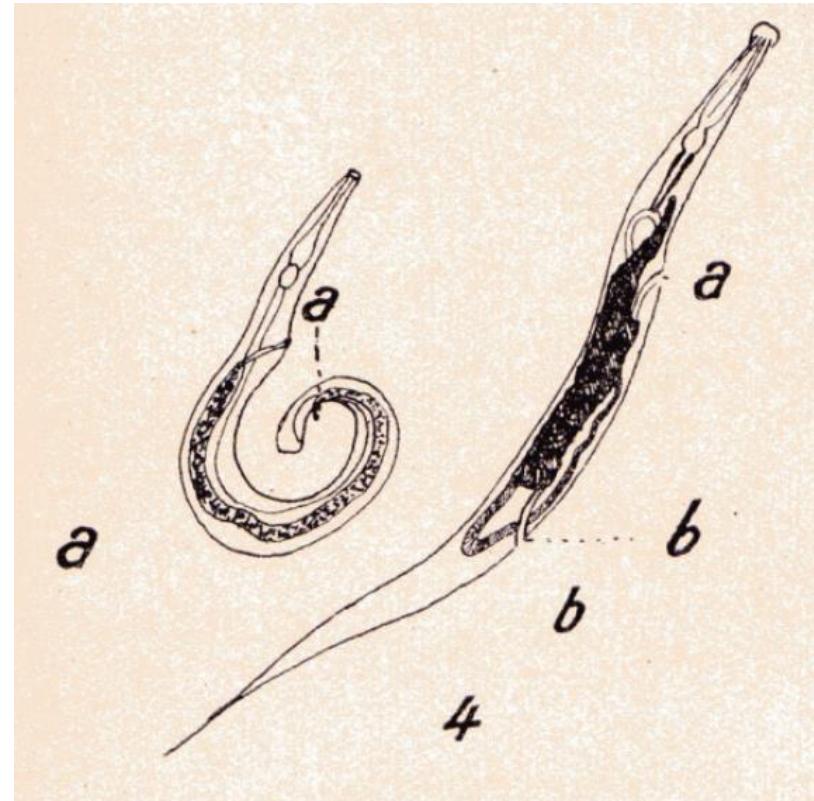


Universidad Tecnológica
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Facultad
Ciencias de la Salud

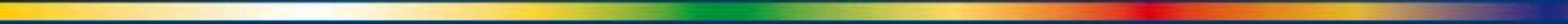
Enterobiasis

PROF. ALFONSO J. RODRÍGUEZ-MORALES
PARASITOLOGÍA GRUPOS 4 Y 5
SEMESTRE I-2015



ENTEROPARASITOSIS

Prevalencia Mundial



<i>Ascaris lumbricoides</i>	<i>1,300 millardos</i>
<i>Trichuris trichiura</i>	<i>1,049 millardos</i>
<i>Anquilostomideos</i>	<i>1 millardo</i>
<i>Complejo E. histolytica/dispar</i>	<i>500 millones</i>
<i>Enterobius vermicularis</i>	<i>400 millones</i>
<i>Schistosoma mansoni</i>	<i>200 millones</i>
<i>Giardia lamblia</i>	<i>200 millones</i>
<i>Strongyloides stercoralis</i>	<i>100 millones</i>
<i>Taenia sp</i>	<i>70 millones</i>

¿Nuevos efectos de las protozoosis?

Rodríguez-Morales AJ, Barbella RA, Case C, Arria M, Ravelo M, Perez H, Urdaneta O, Gervasio G, Rubio N, Maldonado A, Aguilera Y, Viloria A, Blanco JJ, Colina M, Hernández E, Araujo E, Cabaniel G, Benítez J, Rifakis P. **Intestinal parasitic infections among pregnant women in Venezuela.** *Infect Dis Obstet Gynecol.* 2006;2006:23125.

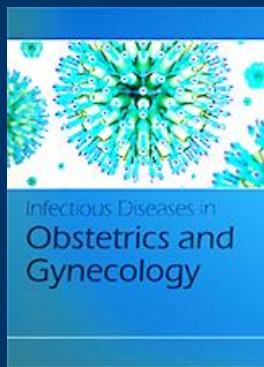


TABLE 1: Parasite positivity in stool specimens examined from pregnant women studied.

	Number	(%)	Helminths		
Protozoans			<i>Ascaris lumbricoides</i>	437	57.0
Nonpathogenic			<i>Trichuris trichiura</i>	276	36.0
<i>Entamoeba coli</i>	44	5.7	<i>Necator americanus</i>	62	8.1
<i>Endolimax nana</i>	30	3.9	<i>Enterobius vermicularis</i>	48	6.3
Pathogenic			<i>Strongyloides stercoralis</i>	25	3.3
<i>Giardia lamblia</i>	108	14.1			
<i>Entamoeba histolytica/dispar</i>	92	12.0			
<i>Cryptosporidium spp</i>	2	0.3			

TABLE 2: Relative risk for anemia at pregnancy according to the presence of intestinal parasitosis.

Variable (risk for anemia)	Anemia	Normal			χ^2_{Yates}	P
		Hb	RR	—		
Intestinal parasitosis at pregnancy						
Present	594	173	2.56	194.24	< .0001	
Absent	82	189	—	—	—	
Helminth infection at pregnancy						
Present	322	61	1.56	94.63	< .0001	
Absent	354	301	—	—	—	
Protozoan infection at pregnancy						
Present	179	23	1.49	59.65	< .0001	
Absent	497	339	—	—	—	

Helmintiasis

Epidemiología

Table 1

Prevalence of intestinal helminths and protozoa in individuals from North Central Venezuela (May 2007 to December 2008)

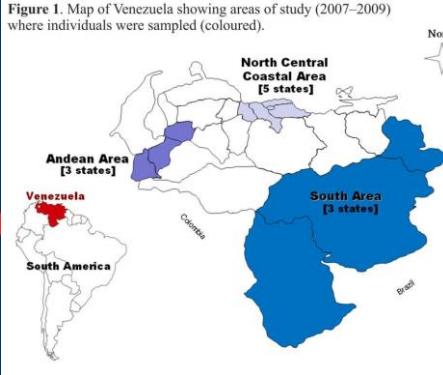
Parasite	n ^a	% (95% CI)
Helminths	209 845	4.49 (4.47–4.51)
<i>Ascaris lumbricoides</i>	174 257	3.73 (3.71–3.74)
<i>Trichuris trichiura</i>	53 031	1.13 (1.12–1.14)
<i>Enterobius vermicularis</i>	18 177	0.39 (0.38–0.40)
<i>Strongyloides stercoralis</i>	15 743	0.34 (0.33–0.35)
Hookworms	7 817	0.17 (0.16–0.18)
<i>Hymenolepis nana</i>	2 979	0.06 (0.05–0.07)
Protozoa	2 675 384	57.22 (57.18–57.27)
<i>Blastocystis hominis</i>	2 176 703	46.56 (46.51–46.60)
<i>Giardia duodenalis</i>	358 538	7.67 (7.64–7.69)
<i>Iodamoeba bütschlii</i>	150 032	3.21 (3.19–3.23)
<i>Dientamoeba fragilis</i>	76 086	1.63 (1.62–1.64)
<i>Entamoeba histolytica/dispar</i>	42 396	0.91 (0.90–0.92)
<i>Trichomonas hominis</i>	8 416	0.18 (0.17–0.19)
<i>Chilomastix mesnili</i>	4 675	0.10 (0.09–0.11)

^a n = number of positives in the population.



Helmintiasis

Epidemiología



**Epidemiology of intestinal parasitosis in eleven states of Venezuela:
partial results of an ongoing national survey
(N=7.120.744)**

Parasite	Prevalence (%)	95%CI	Parasite	Prevalence (%)	95%CI
<i>B. hominis</i>	45.632	45.596-45.669	<i>T. trichiura</i>	1.569	1.560-1.578
<i>E. nana</i>	12.573	12.548-12.597	<i>Hookworms</i>	0.664	0.658-0.670
<i>E. coli</i>	11.745	11.722-11.769	<i>S. stercoralis</i>	0.381	0.376-0.385
<i>G. intestinalis</i>	7.426	7.406-7.445	<i>E. vermicularis</i>	0.264	0.260-0.268
<i>A. lumbricoides</i>	3.974	3.959-3.988	<i>H. nana</i>	0.257	0.253-0.261
<i>I. bütschlii</i>	3.211	3.198-3.224	<i>C. mesnili</i>	0.246	0.242-0.249
<i>E. histolytica</i>	1.632	1.623-1.642	<i>T. hominis</i>	0.118	0.116-0.121

Helmintiasis

Epidemiología en Colombia

Tabla 1. Prevalencia de parásitos intestinales en población general del corregimiento de Loma Arena Santa Catalina. 2004

Especie parasitaria	Nº	%
<i>Entamoeba coli</i>	210	60
<i>Entamoeba histolytica/dispar</i>	191	54
<i>Endolimax nana</i>	125	36
<i>Blastocystis hominis</i>	103	29
<i>Iodamoeba butschlii</i>	72	21
<i>Giardia duodenalis</i>	61	17
<i>Trichomonas hominis</i>	3	0,9
<i>Cyclospora sp</i>	2	0,6
<i>Ascaris lumbricoides</i>	196	56
<i>Trichuris trichiura</i>	185	53
<i>Uncinaria</i>	21	6
<i>Hymenolepis nana</i>	14	4
<i>Strongyloides stercoralis</i>	11	3
<i>Taenia sp</i>	3	0,9
<i>Enterobius vermicularis</i>	2	0,6



403. Letrina pública en Gedi (Kenya)

Esta letrina pública, consistente en un simple agujero, fue construida en el siglo XIV en la ciudad afroárabe de Gedi, cerca de Malindi, en la costa swahili de Kenya. El valor de una medida básica de salud pública de este tipo fue aparente incluso para los médicos del Imperio romano, una época en que los baños públicos bien dotados y con agua corriente eran concurridos lugares de reunión y de debate. El uso de este tipo de letrina en África oriental representó una contribución significativa para la limitación de las helmintiasis descritas en este capítulo, así como también de las infecciones causadas por los virus, las bacterias y los protozoos patógenos adquiridos a través del tracto gastrointestinal (v. cap. 4).

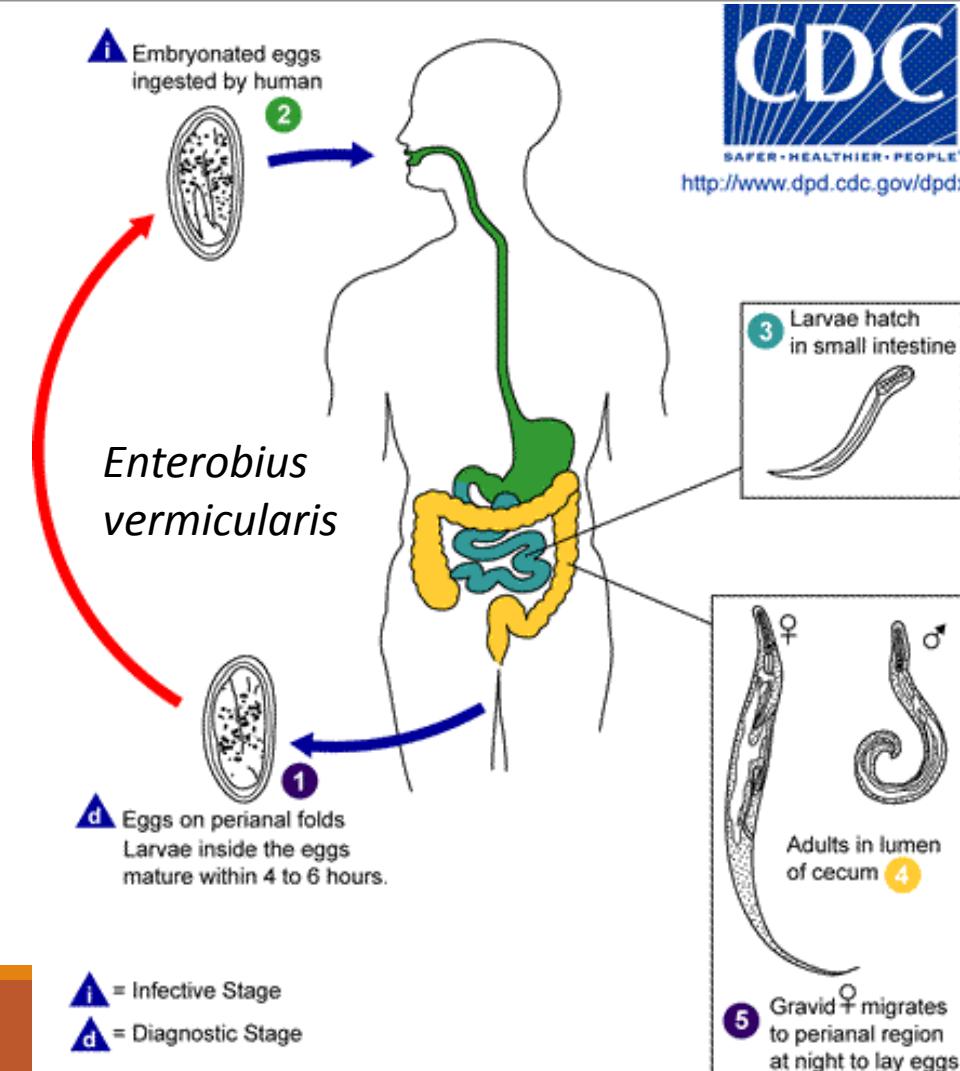
Cycles and transmission

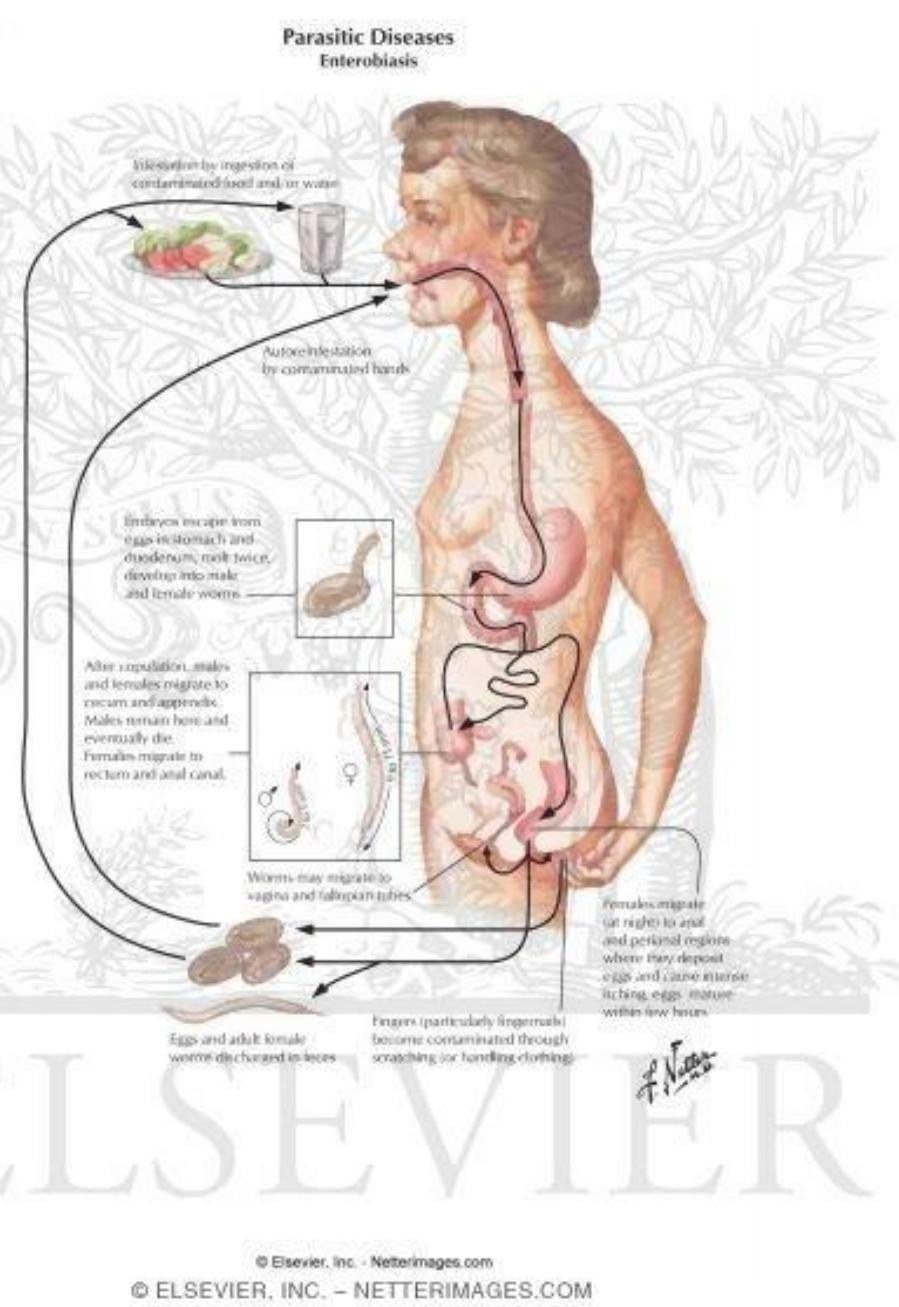
- ❖ Type 1: Direct (*Enterobius vermicularis*, *Trichuris trichiura*)
- ❖ Type 2: Modified Direct (*Ascaris lumbricoides*, *Toxocara spp.*)
- ❖ Type 3: Penetration of the Skin (*Ancylostoma*, *Necator*,
Strongyloides, *Trichostrongylus*)

Type 1: Direct (*Enterobius vermicularis*, *Trichuris trichiura*)

Embryonated eggs are passed; they hatch and reinfect within 2–3 hours by being carried from the anal margin to the mouth and either do not reach the soil or, if they do, do not require a period of development there.

This group includes *Enterobius vermicularis* (pinworm) (*oxiuros*) and *Trichuris trichiura* (whipworm).





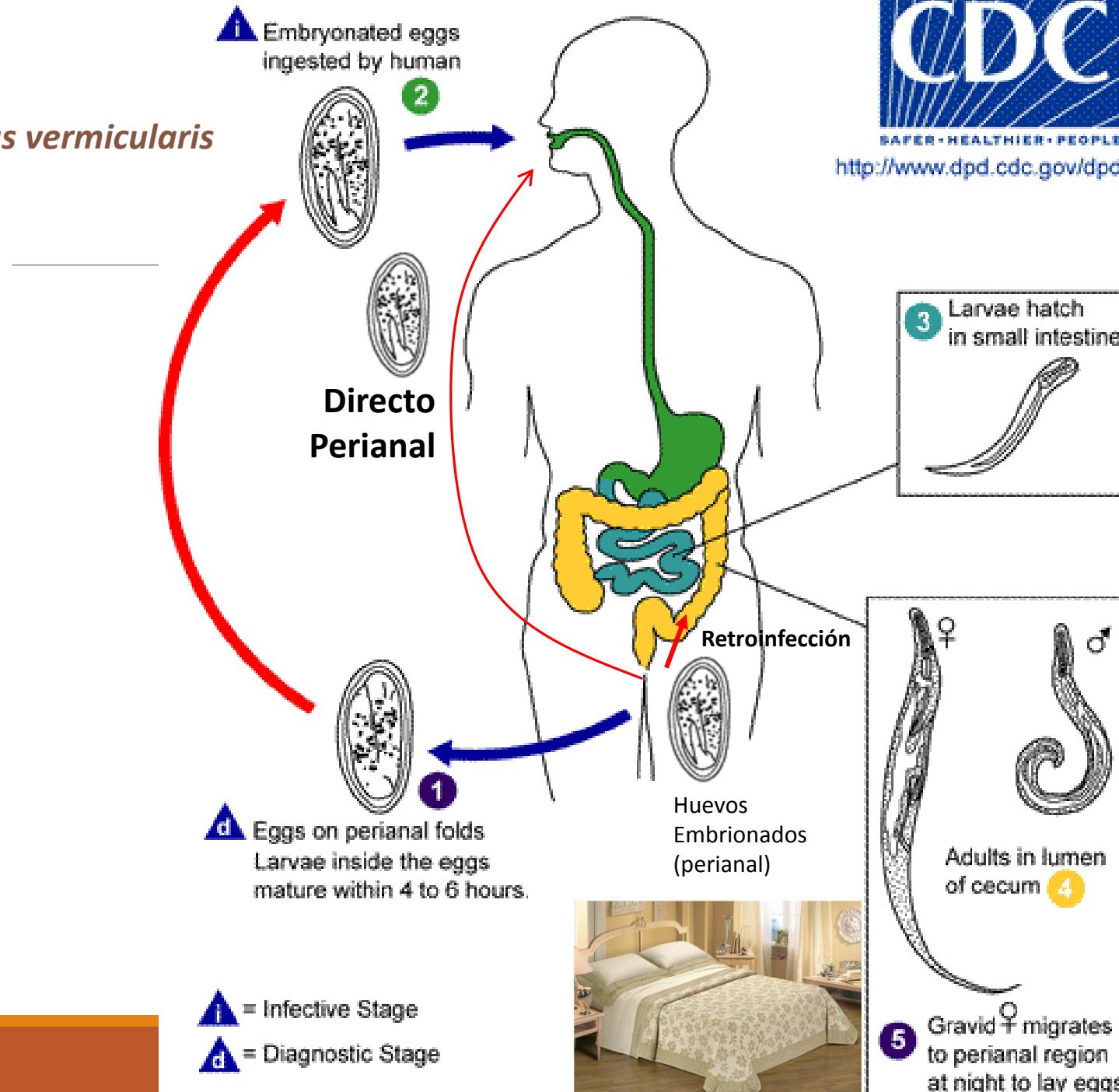
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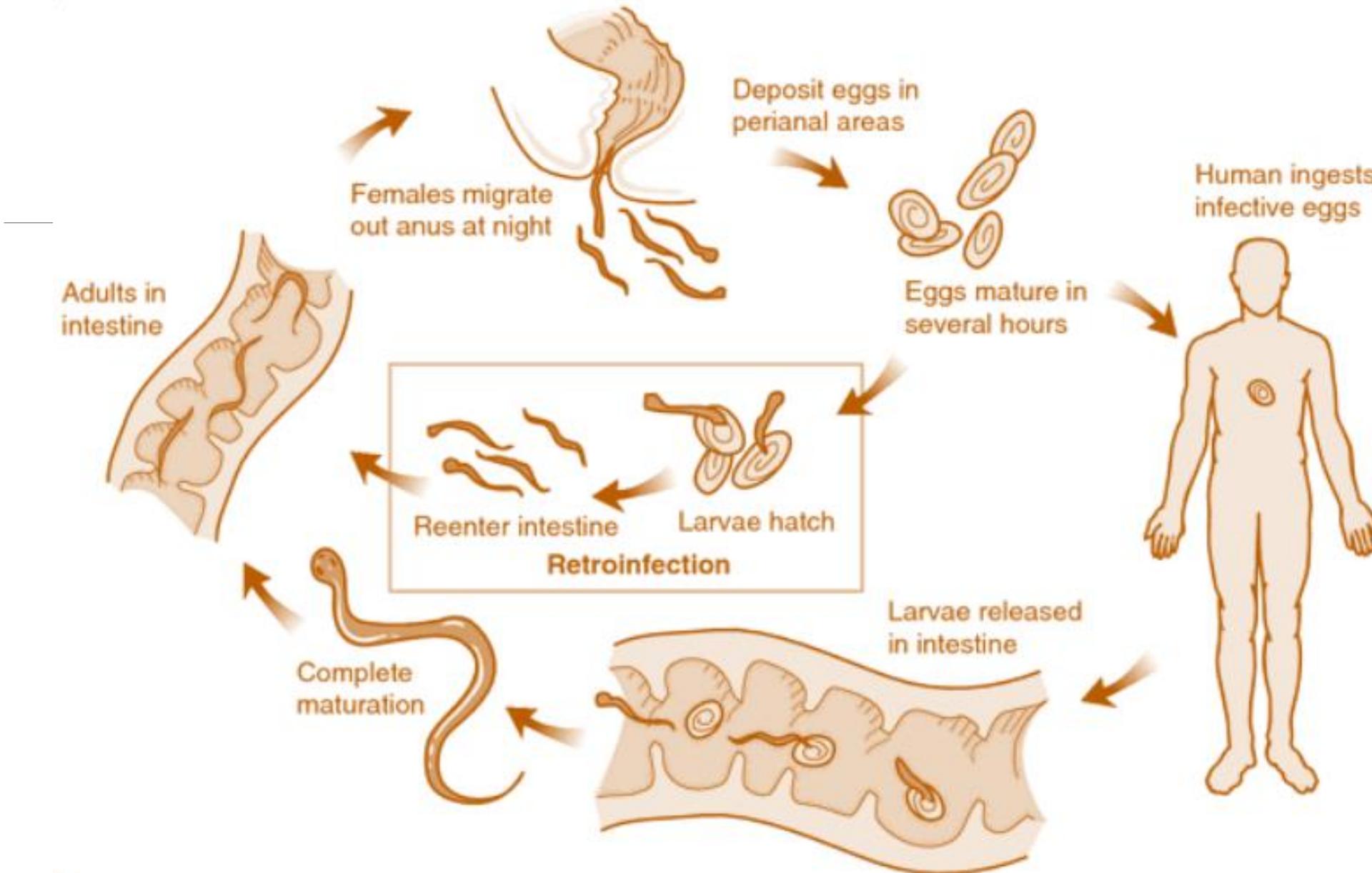
Tabla 11. Nematodos de importancia médica y su prevalencia¹

Subclase	Orden (Suborden)	Superfamilia	Género y especie	Prevalencia probable en el ser humano
Adenophorea	Enoplia	Trichuroidea	<i>Trichinella spiralis</i> <i>Trichinella papuae</i> <i>Trichinella zimbabwiensis</i> <i>Trichuris trichiura</i> <i>Capillaria hepatica</i> <i>Capillaria philippinensis</i>	49 millones Miles ? 500 millones Infrecuente Miles
Secernentea	Rhabditida Strongylida	Rhabditoidea Ancylostomoidea	<i>Strongyloides stercoralis</i> <i>Strongyloides fulleborni</i> <i>Pelodera strongyloides</i> Género <i>Rhabditis</i> <i>Ancylostoma duodenale</i> } <i>Necator americanus</i> <i>Ancylostoma caninum</i> <i>Ancylostoma braziliense</i> <i>Ancylostoma ceylanicum</i> <i>Ternidens diminutus</i> <i>Oesophagostomum bifurcum</i> <i>Syngamus laryngeus</i> Género <i>Trichostrongylus</i> <i>Metastrongylus elongatus</i> <i>Parastrongylus cantonensis</i> <i>Parastronavulus costaricensis</i>	70 millones Miles Infrecuente Infrecuente 700-900 millones Miles Miles Infrecuente Miles >250.000 Infrecuente 10 millones Infrecuente Miles Miles
		Trichostrongyoidea Metastrongyoidea	<i>Enterobius vermicularis</i> <i>Ascaris lumbricoides</i> <i>Toxocara canis</i> <i>Toxocara cati</i> <i>Lagochilascaris minor</i> <i>Baylisascaris procyonis</i> Género <i>Anisakis</i> <i>Pseudoterranova decipiens</i> <i>Gongylonema pulchrum</i> <i>Gnathostoma spinigerum</i> <i>Thelazia callipaeda</i> <i>Wuchereria bancrofti</i> <i>Brugia malayi</i> } <i>Brugia timori</i> <i>Loa loa</i> <i>Onchocerca volvulus</i> <i>Mansonella perstans</i> <i>Mansonella streptocerca</i> <i>Mansonella ozzardi</i> Género <i>Dirofilaria</i> <i>Dracunculus medinensis</i>	400 millones 800-1.000 millones Miles Miles Infrecuente Infrecuente Infrecuente Miles Infrecuente Miles Infrecuente 120 millones ² 6 millones 33 millones <17 millones ³ 65 millones 2 millones 15 millones Infrecuente <3 millones ⁴
	Spirurida (Spirurina)	Spiruroidea Gnathostomoidea Thelazoidea Filarioidea		
	Spirurida (Camallanina)	Dracunculoidea		

Ciclo

Enterobius vermicularis



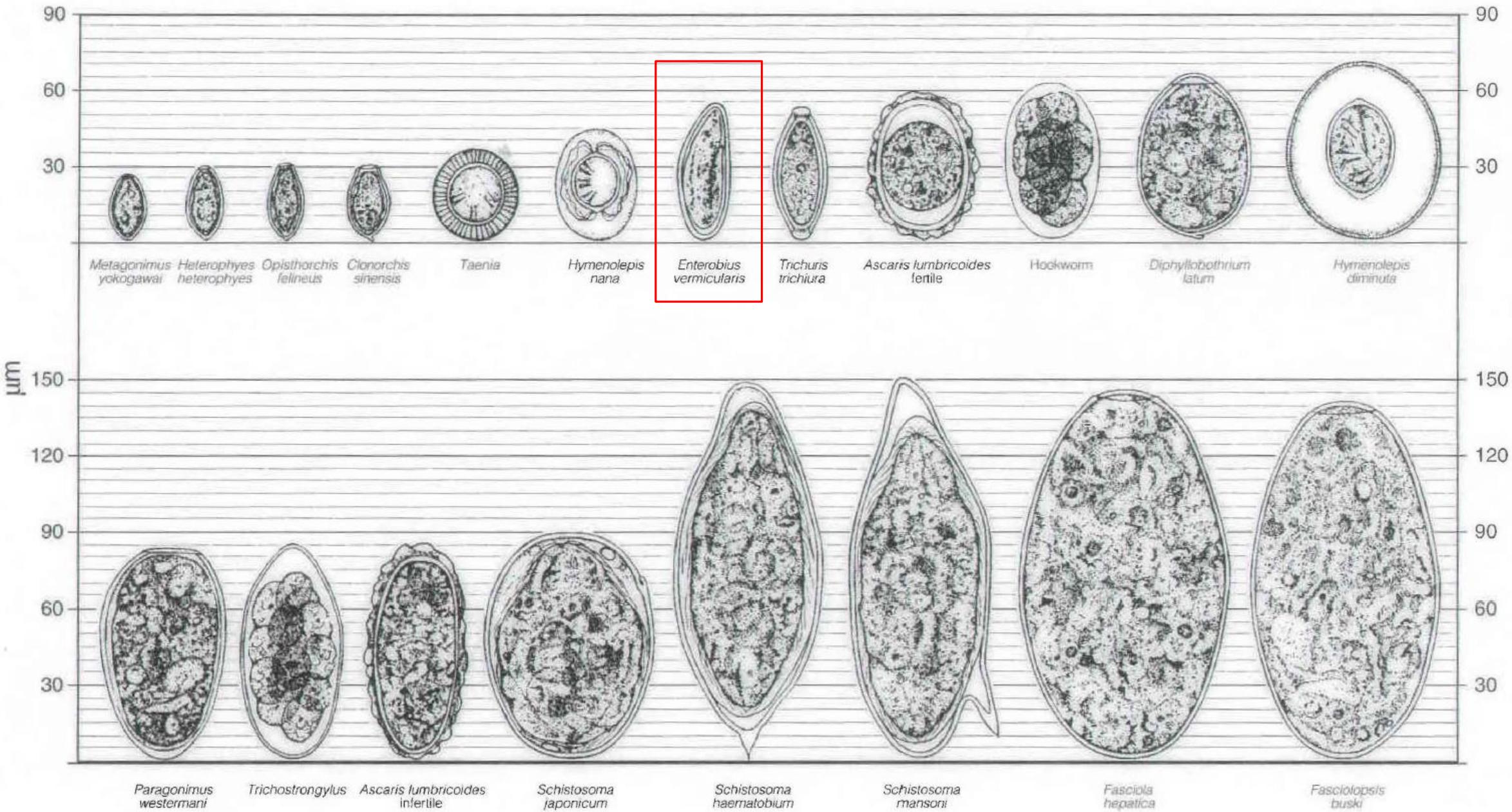


Huevo de *Enterobius vermicularis*



414

Tamaño relativo de los huevos de helmintos*



▼ *Enterobius vermicularis* eggs.

The eggs of *Enterobius vermicularis* measure 50-60 µm by 20-30 µm, are elongate-oval and slightly flattened on one side. They are usually partially-embryonated when shed. Enterobiasis can be diagnosed by applying cellulose tape to the anus of a suspect patient, especially in the morning before the patient's first bowel movement. Eggs will adhere to the tape and can be seen microscopically.

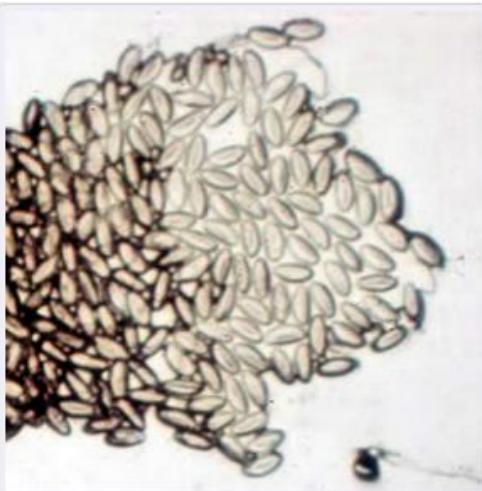


Figure A: Eggs of *E. vermicularis* in a cellulose-tape preparation.



Figure B: Eggs of *E. vermicularis* in a wet mount.

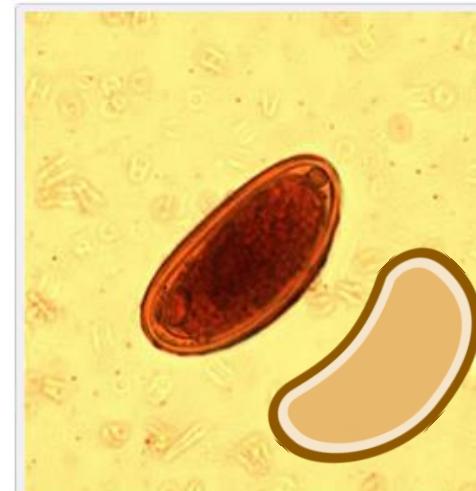


Figure C: Egg of *E. vermicularis* in an iodine-stained wet mount from a formalin concentrate. Image contributed by the Kansas State Public Health Laboratory.



Figure D: Egg of *E. vermicularis* teased from an adult worm recovered from a colonoscopy. Image contributed by the South Carolina Department of Health and Environmental Control, Bureau of Laboratories.



Figure E: Eggs of *E. vermicularis* viewed under UV microscopy.



Figure F: Eggs of *E. vermicularis* viewed under UV microscopy.

The egg measures **50–54 × 20–27 mm** and has a characteristic shape, flattened on one side. It is almost colourless, with a bean-shaped double contour shell containing a fully formed embryo.



▼ *Enterobius vermicularis* adult worms.

Adult males of *Enterobius vermicularis* measure up to 2.5 mm long by 0.1-0.2 mm wide; adult females measure 8-13 mm long by 0.3-0.5 mm wide. Adult males have a blunt posterior end with a single spicule; females possess a long pointed tail. In both sexes, there are cephalic expansions.



Figure A: Adult male of *E. vermicularis* from a formalin-ethyl acetate (FEA) concentrated stool smear. The worm measured 1.4 mm in length. Image contributed by the Centre for Tropical Medicine and Imported Infectious Diseases, Bergen, Norway.

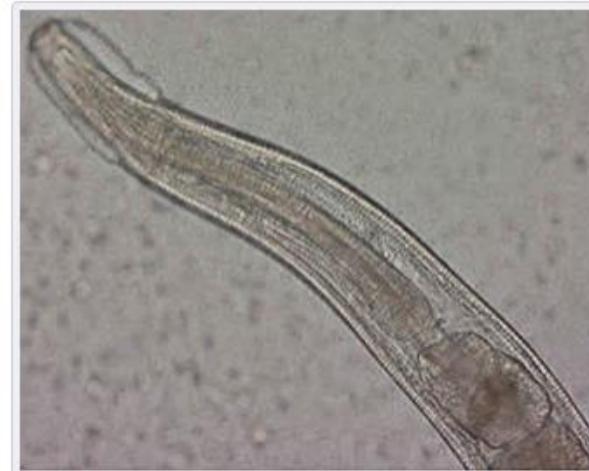


Figure B: Close-up of the anterior end of the worm in **Figure A**. The esophagus, divided into muscular and bulbous portions and separated by a short, narrow isthmus, is visible in the image, as are the cephalic expansions.



Figure C: Close-up of the posterior end of the worm in **Figure A**. Note the blunt end. The spicule is withdrawn into the worm in this specimen.



Figure D: Anterior end of an adult female of *E. vermicularis*, recovered from a colonoscopy. Image contributed by the South Carolina Department of Health and Environmental Control, Bureau of Laboratories.



Figure E: Posterior end of the worm in **Figure D**. Note the long, slender pointed tail.

The female (**9–12 mm**) has a long, pointed tail and a slit-like vulva in the anterior quarter of the body. The male, which is much smaller (**2.5 mm**), has a posteriorly curved third and a blunt caudal extremity.

▼ *Enterobius vermicularis* in tissue, stained with hematoxylin and eosin (H&E)

Adults and eggs of *Enterobius vermicularis* in tissue sections stained with hematoxylin and eosin (H&E).

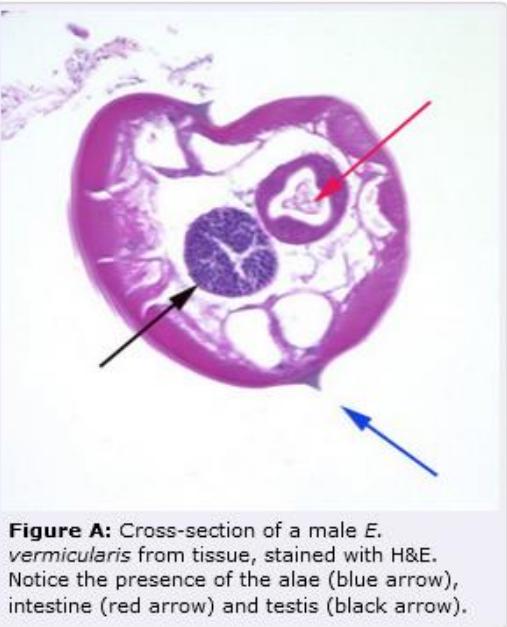


Figure A: Cross-section of a male *E. vermicularis* from tissue, stained with H&E. Notice the presence of the alae (blue arrow), intestine (red arrow) and testis (black arrow).

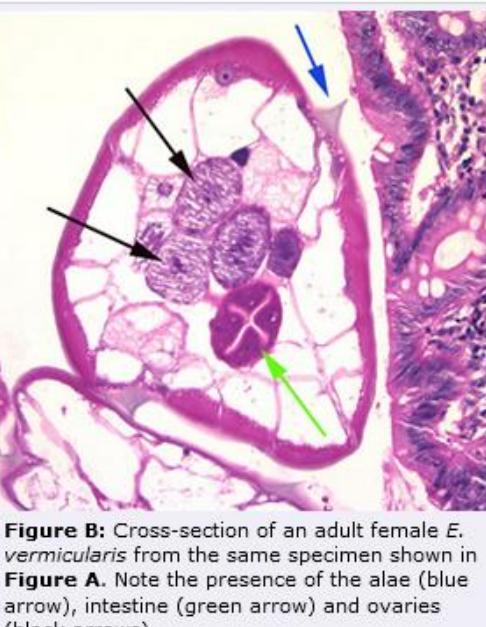


Figure B: Cross-section of an adult female *E. vermicularis* from the same specimen shown in **Figure A**. Note the presence of the alae (blue arrow), intestine (green arrow) and ovaries (black arrows).

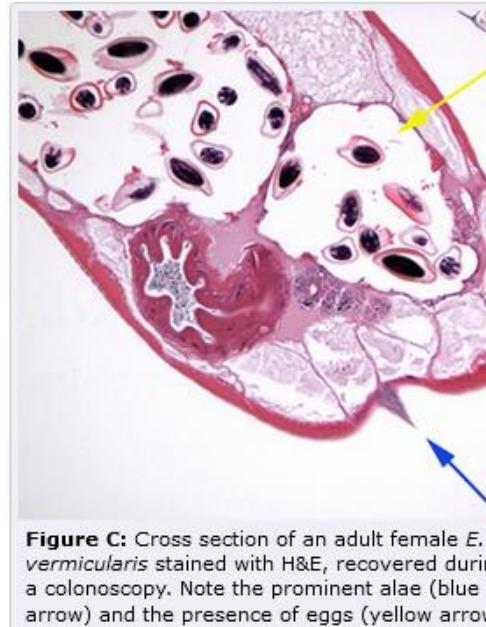


Figure C: Cross section of an adult female *E. vermicularis* stained with H&E, recovered during a colonoscopy. Note the prominent alae (blue arrow) and the presence of eggs (yellow arrow). Image contributed by Sheboygan Memorial Hospital, Wisconsin.

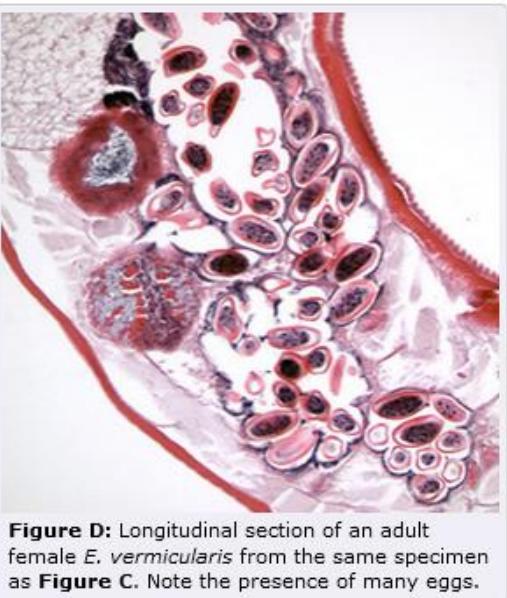


Figure D: Longitudinal section of an adult female *E. vermicularis* from the same specimen as **Figure C**. Note the presence of many eggs.



Figure E: Egg of *E. vermicularis* in a colon biopsy specimen, stained with H&E.

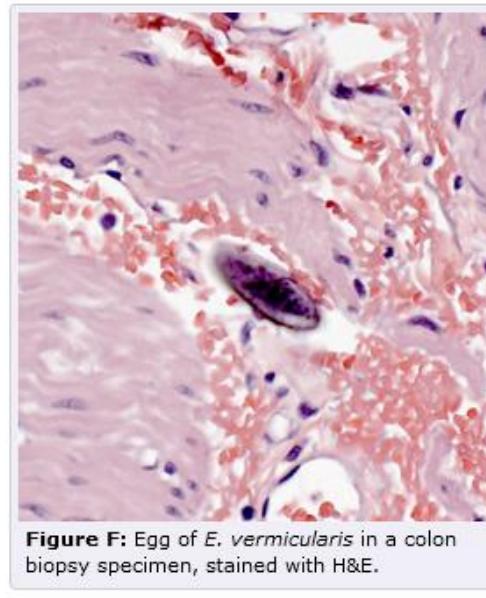


Figure F: Egg of *E. vermicularis* in a colon biopsy specimen, stained with H&E.

Pathology

The adult worm lives in the upper part of the colon, especially the **caecum and lower ileum**, where minute **ulcerations** may develop at the site of attachment of the adult worms to the caecal and appendiceal mucosa.

At times **haemorrhages occur and secondary infection causes ulcers and submucosal abscesses**.

Symptoms are caused when **gravid females migrate out of the anus on to perianal skin to deposit eggs**, where they cause **pruritus**.

E. vermicularis has also been implicated in nonspecific **colitis in children**.

Occasionally, **ectopic infections** occur in the **female genital organs or urinary tract**, and chronic pelvic **peritonitis and ileocolitis** have been described.

The route by which *E. vermicularis* gains access to these organs is not clear but may be via the Fallopian tubes or haematogenous spread. A case of ectopic infection in the male genital tract has been reported, with assumed entry through the urethra. **Aberrant infections may occur in the liver, ovary, kidney, spleen and lung as well as the appendix**; however, their role in the pathogenesis of acute appendicitis remains unclear. The granuloma which forms around the female and eggs consists chiefly of lymphocytes with a few eosinophils but no giant cells. Rare cases of eosinophilic granuloma of the large bowel and omentum have been ascribed to *E. vermicularis*.

Enterobiasis y enuresis

TABLA 1. Relación entre infección por Enterobius vermicularis y enuresis nocturna en escolares de Ciudad Bolívar, Venezuela

E. vermicularis	Enuresis		Total
	Sí	No	
Sí (casos)	14	40	54
No (controles)	5	49	54
Total	19	89	108

OR= 3,43; $\chi^2= 4,09$; p= 0,04.

Enterobius vermicularis. Manifestación pulmonar

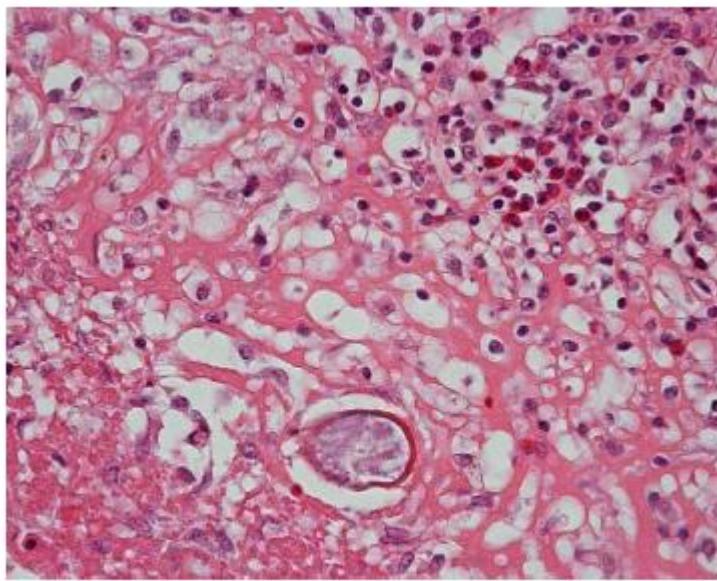


Figura 1 – Huevo *Enterobius vermicularis*.

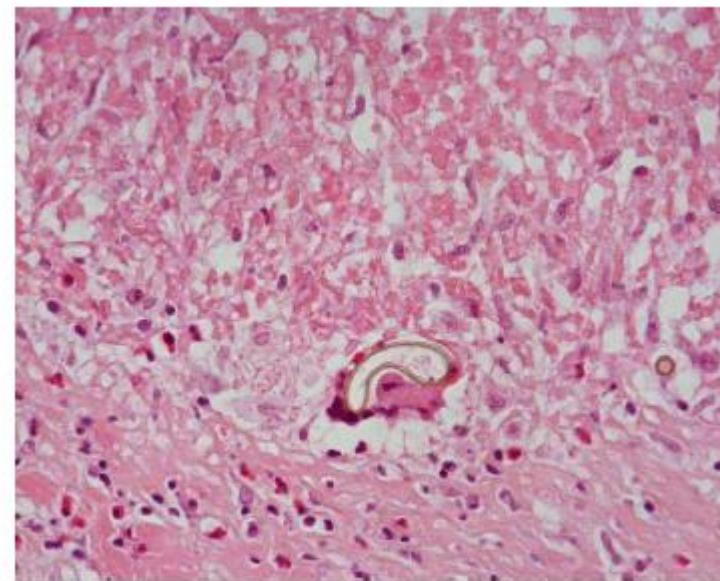


Figura 2 – Huevo *Enterobius vermicularis* y célula de Langhans.

García Fernández JL, Moreno Balsalobre R, Risco Rojas R, Fernandez Jiménez M, Gamallo Amat C.
Enterobius vermicularis. Lung signs. Cir Esp. 2011 Apr;89(4):257-9.

PULMONARY NODULE CAUSED BY *ENTEROBIUS VERMICULARIS**

P. C. BEAVER, J. J. KRIZ, AND T. J. LAU

Department of Parasitology, Tulane University, School of Public Health and Tropical Medicine,
New Orleans, Louisiana 70112, General Hospital, Rockville, Connecticut 06066,
and Department of Laboratory Medicine, University of Connecticut
Medical Center, Hartford, Connecticut 06112

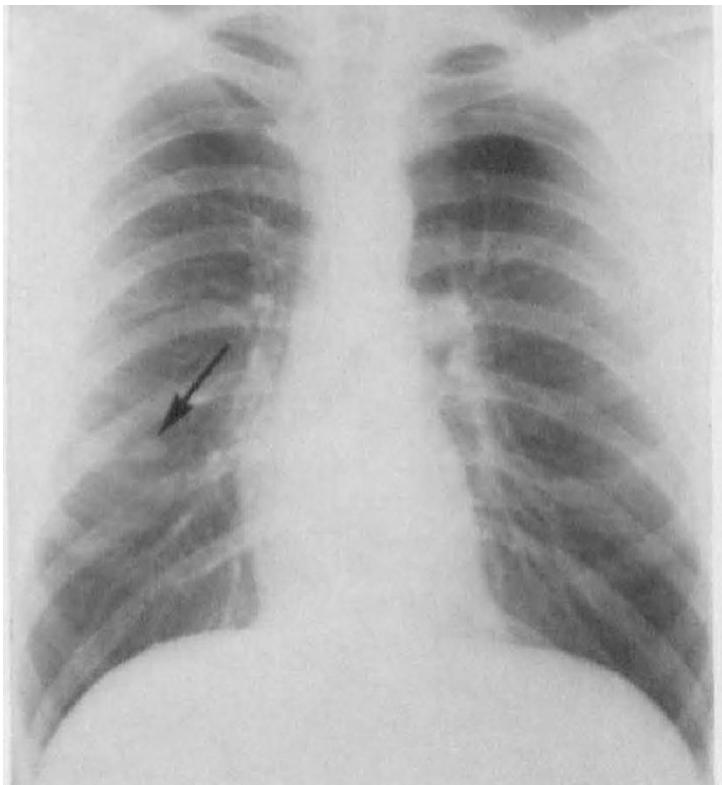


FIGURE 1. Roentgenogram of the chest showing a density in the superior segment of the right lower lobe of the lung.





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CASO CLÍNICO

***Enterobius vermicularis* (oxiuros) en la práctica ginecológica:
clínica y citología. Experiencia de 3 casos**

J. López-Olmos^{a,*} y J. Gasull^b

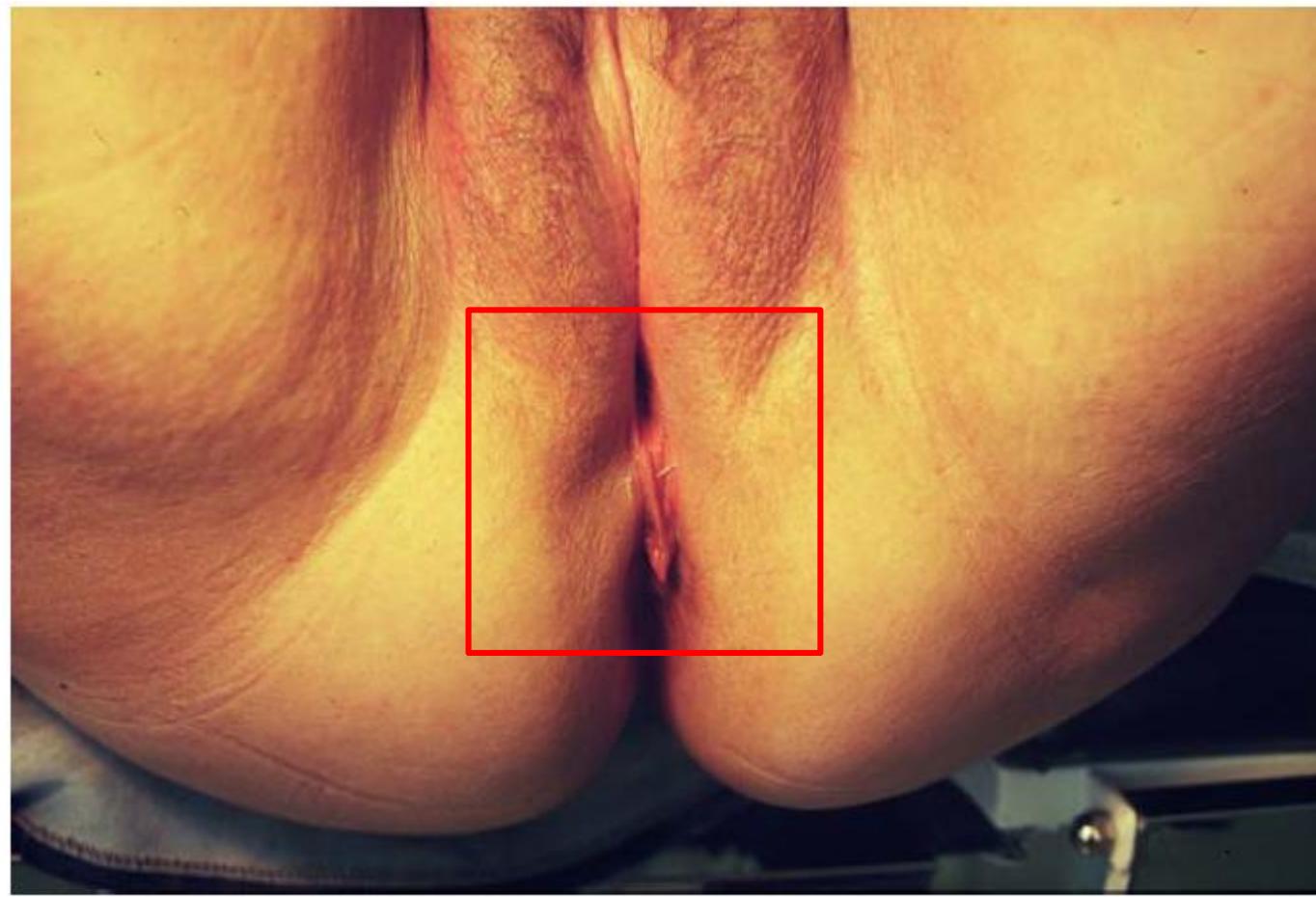


Figura 1 Clínica del caso 1: 2 oxiuros en el periné.

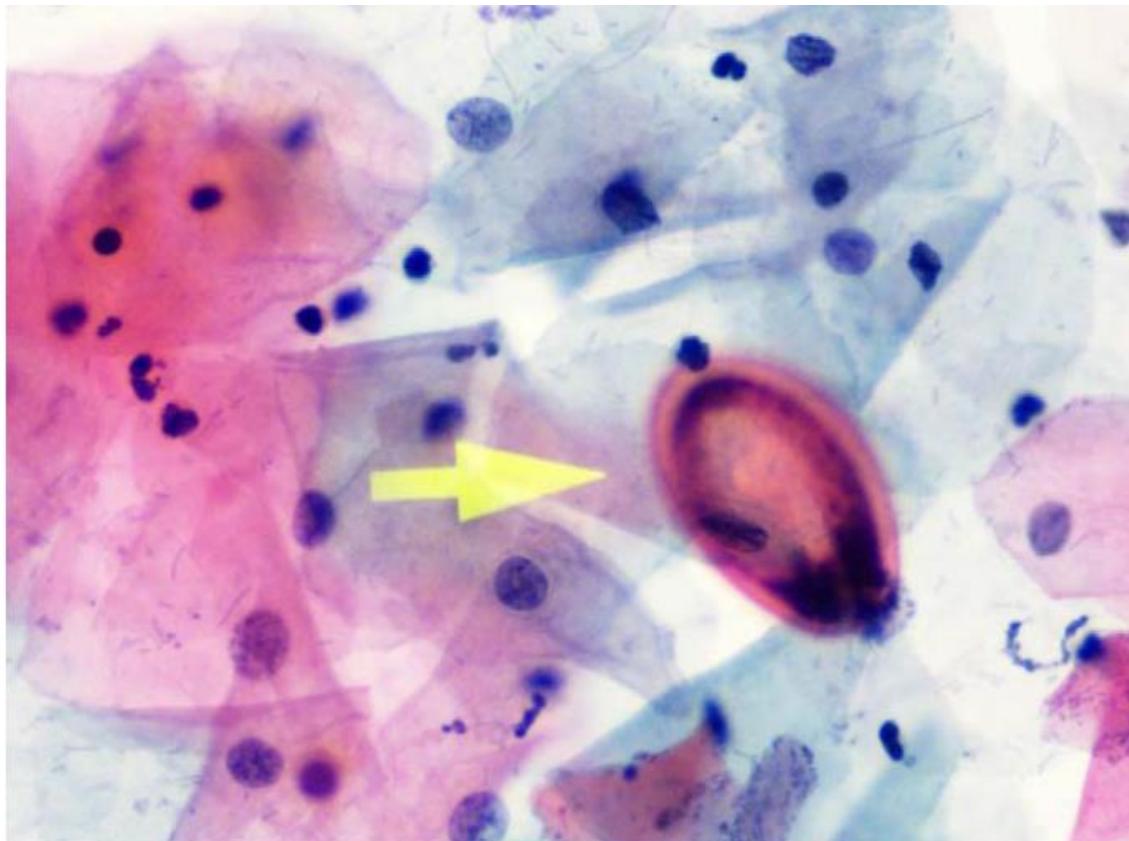


Figura 2 Citología del caso 2 (Papanicolaou, 40×). Huevo de oxiuro.

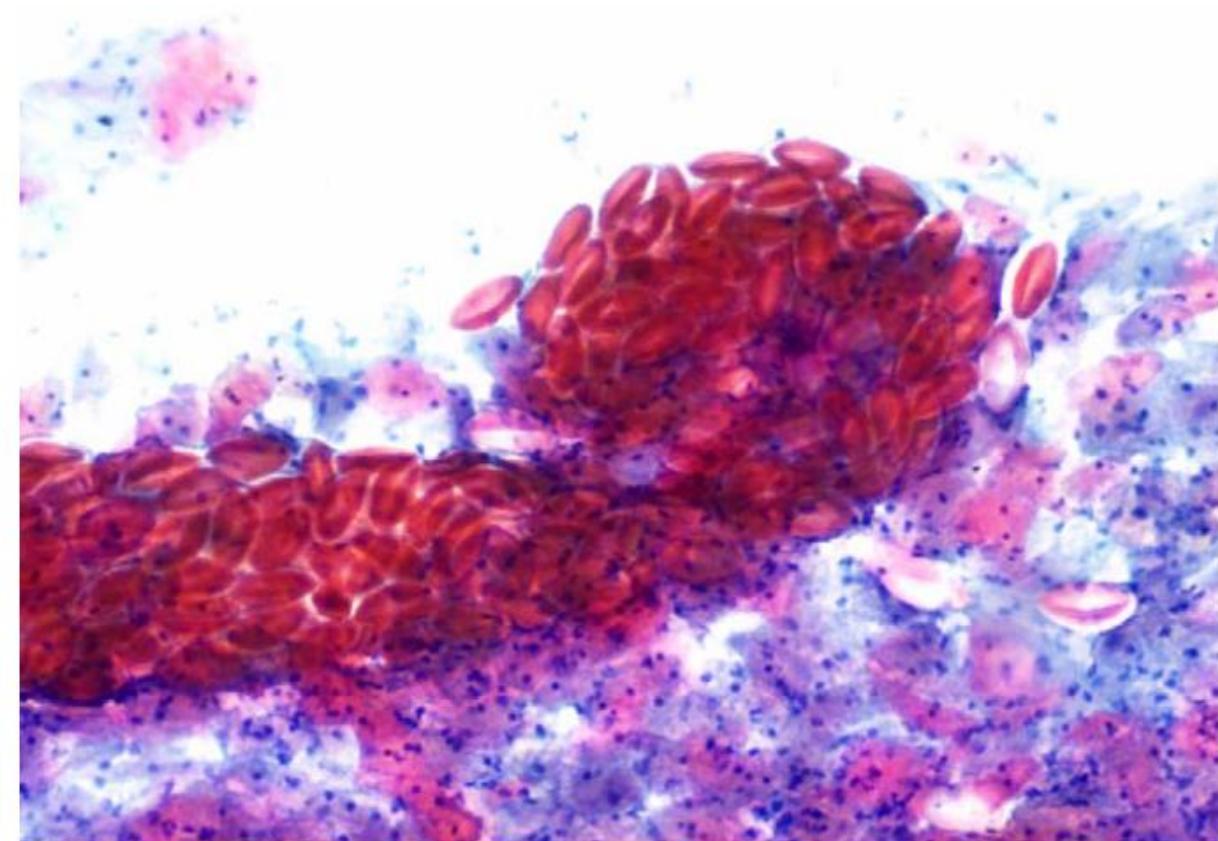


Figura 3 Citología del caso 3 (Papanicolaou, 10×). Múltiples huevos de oxiuros.

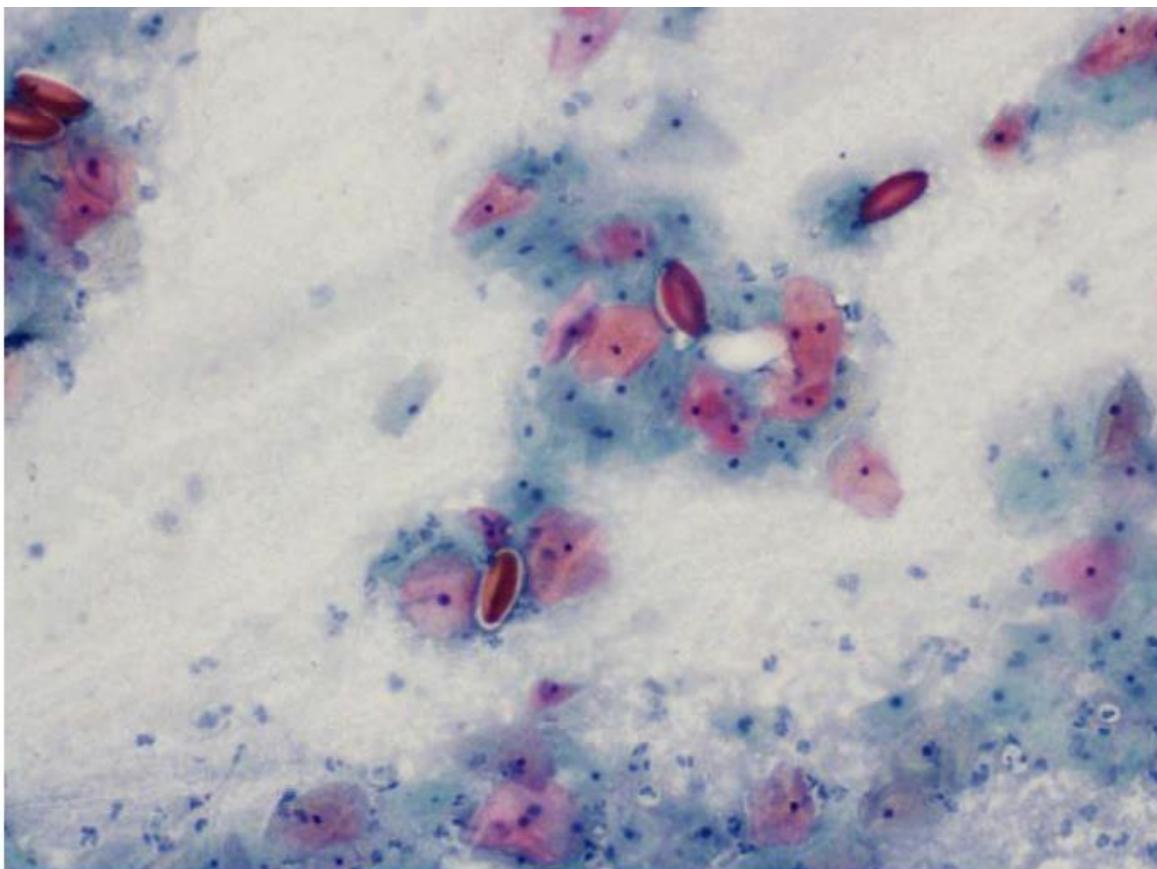


Figura 4 Citología del caso 3 (Papanicolaou, 10×). Huevos de oxiuros aislados entre las células vaginales. Infección por oxiuros entre las células vaginales. Se aprecian las larvas dentro de los huevos.

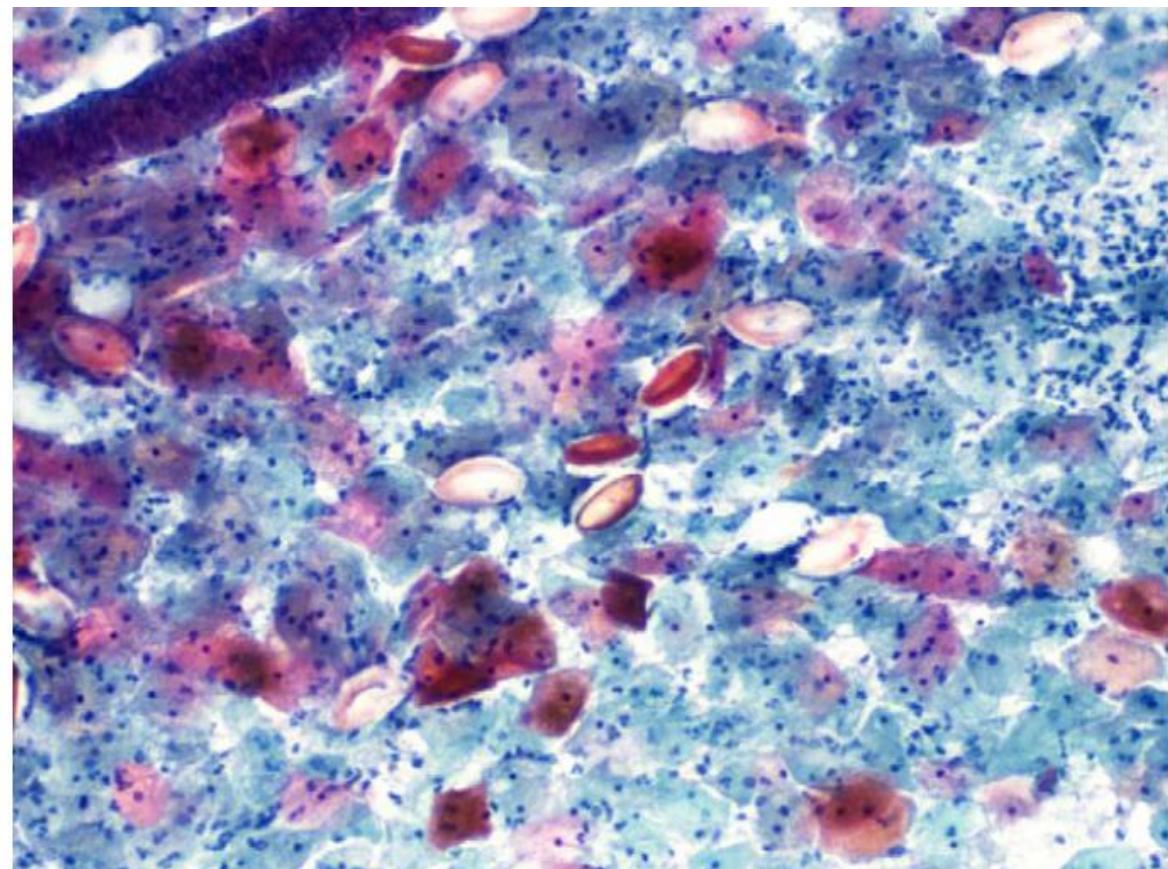


Figura 5 Citología del caso 3 (Papanicolaou, 10×). Huevos de oxiuros entre las células vaginales. Se aprecian las larvas dentro de los huevos.

Enterobius vermicularis Salpingitis Seen in the Setting of Ectopic Pregnancy in a Malaysian Patient

Romano Ngui,^a Sarala Ravindran,^b Diana Bee Lan Ong,^b Tak Kuan Chow,^b Kah Pin Low,^c Zaidi Syeda Nureena,^b Yamuna Rajoo,^a Yee Teng Chin,^a Amirah Amir,^a Arine Fadzlun Ahmad,^a Yvonne Ai Lian Lim,^a Rohela Mahmud^a

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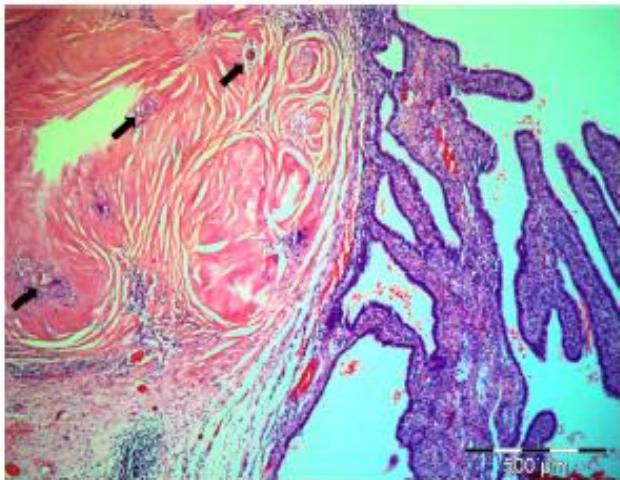


FIG 1 Microscopic findings revealed a fibrotic nodule attached to the wall of the fallopian tube composed of hyalinized stroma containing rounded structures reminiscent of eggs and adult remnants (black arrows) of *Enterobius vermicularis*.

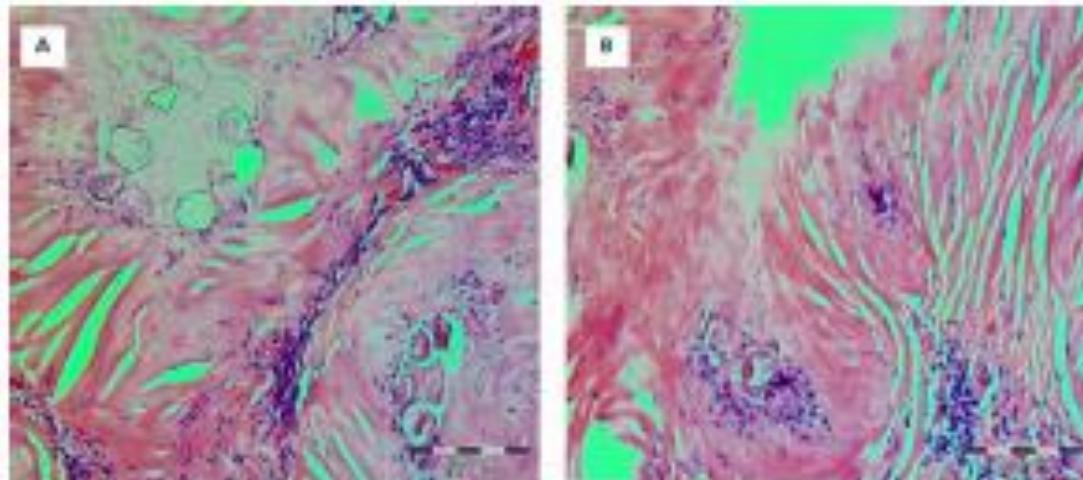
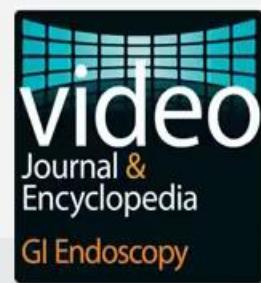


FIG 2 Chronic inflammatory infiltrates admixed with histiocytes (A) and a granulomatous reaction showing multinucleated giant cells of a foreign-body type (B) were observed in focal areas within the nodule.

Enterobius en la endoscopia

ELSEVIER

Enterobius Vermicularis Infection



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Germany

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En caso de estar viendo un
PDF, el video se encuentra en
(hacer click):

[http://dx.doi.org/10.1016/S2212-0971\(13\)70158-4](http://dx.doi.org/10.1016/S2212-0971(13)70158-4)

Clinical Features

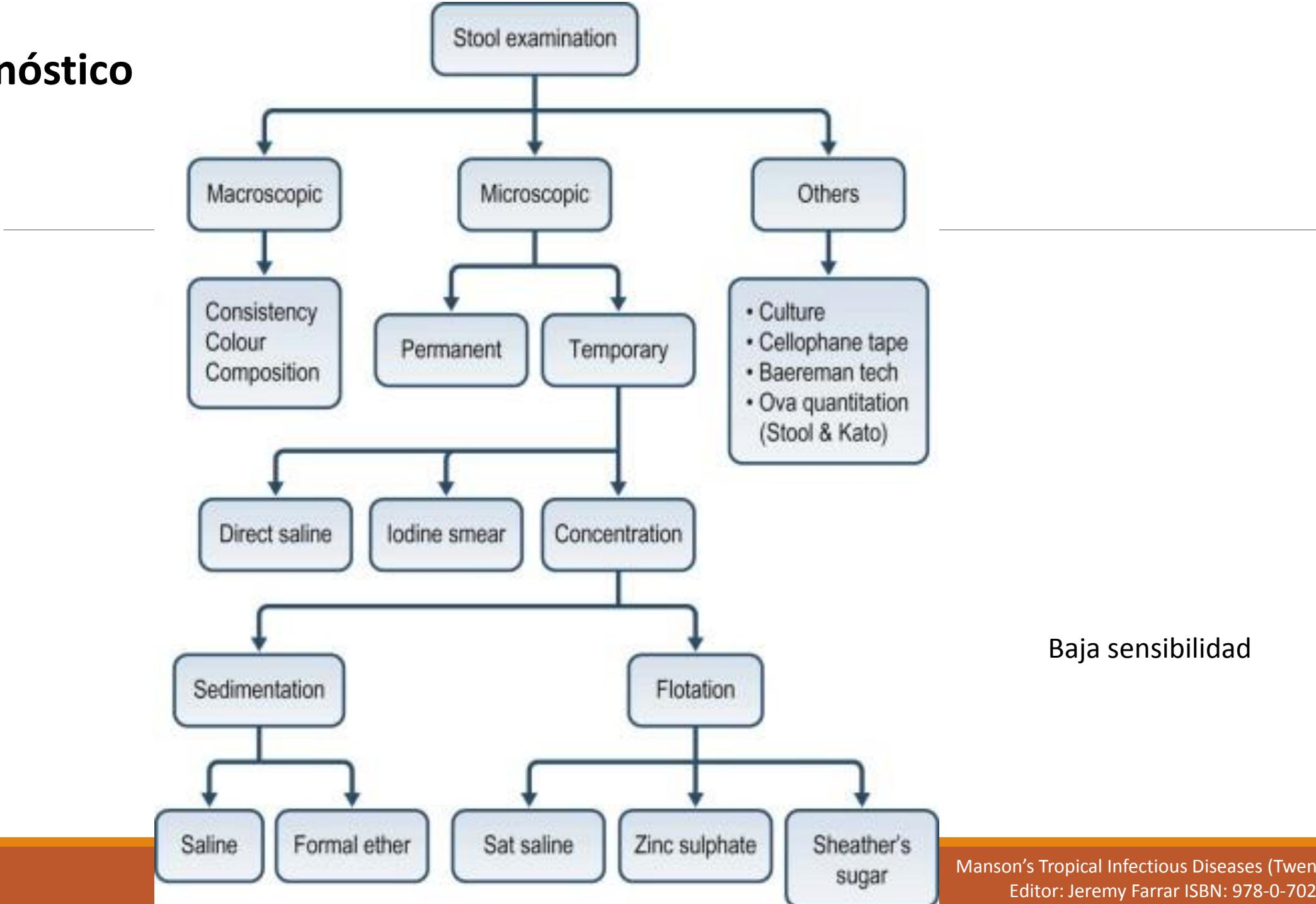
Natural History.

In the majority of infections *E. vermicularis* lives out its normal life span in the caecum and appendix, migrates down to the anus and deposits its eggs, and the larvae re-establish themselves in the host, causing few or no symptoms.

Symptoms and signs

- ***Pruritus ani*** is the main symptom and varies from ***mild itching to acute pain***, which occurs mainly at night. The pruritus produces scratching of the perianal region resulting in **excoriation and secondary infection**.
- **Vulvitis** may be caused by worms entering the vulva, causing a **mucoid discharge and pruritus vulvi**.
- **General symptoms are insomnia and restlessness**, and a considerable proportion of children show loss of appetite, loss of weight, irritability, emotional instability and enuresis. There is usually no eosinophilia or anaemia.

Diagnóstico



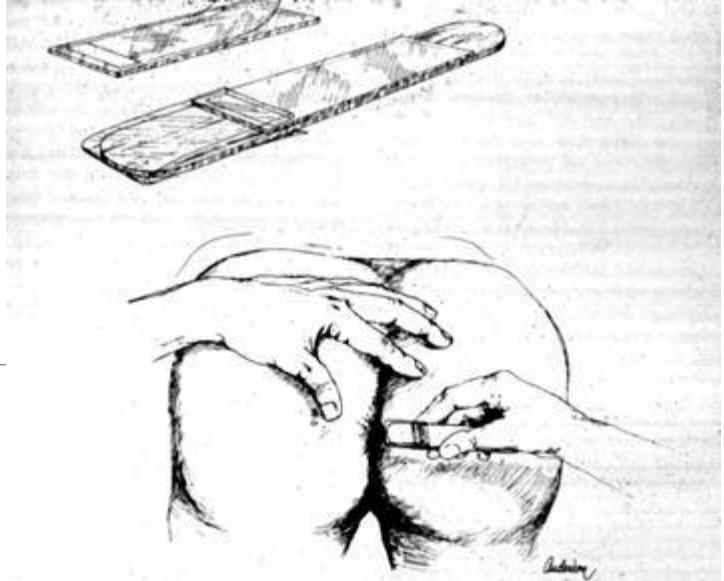
Diagnóstico

The diagnosis is made by finding the characteristic eggs in the **faeces, perianal scrapings or swabs from under the fingernails**, or by finding adult worms round the anus, usually at night.

Faecal examination has little practical use since eggs are present in the faeces of no more than 5–15% of infected individuals.

A Sellotape swab has been devised with which it is possible to obtain eggs by scraping the perianal area, usually at night. Investigation on **consecutive days increases diagnostic sensitivity**. Enclosed in a container, it may be sent through the post and examined at leisure.

The Sellotape is mounted in water or 0.1 mol sodium hydroxide on a slide, covered with a coverslip and examined. The Scotch tape method, in which eggs adhere to a sticky surface, is commonly used.



Diagnóstico de *Enterobius vermicularis*

Método de Graham o
Cinta Engomada



TABLE
55.1**Recommended Treatments for Soil-Transmitted Helminths. Note All Treatment are Administered Orally**

Infection	Drugs	Dose	Duration
ENTEROBIUS			
Drugs of choice	Albendazole Mebendazole Pyrantel pamoate	400 mg 100 mg 10 mg/kg	Single dose ^a Single dose ^a Single dose ^a
TRICHURIS			
Drugs of choice	Albendazole Mebendazole	400 mg 500 mg	Single dose ^b Single dose ^b
Alternatives	Nitazoxanide	500 mg or 200 mg for children 4–11 years or 100 mg for children 1–3 years	Daily for 3 days



A randomized, double-blind, multicenter clinical trial on the efficacy of ivermectin against intestinal nematode infections in China

Li-Yong Wen^{a,*}, Xiao-Lan Yan^a, Feng-Hua Sun^b, Yue-Yi Fang^c, Ming-Jin Yang^a, Lei-Jun Lou^a

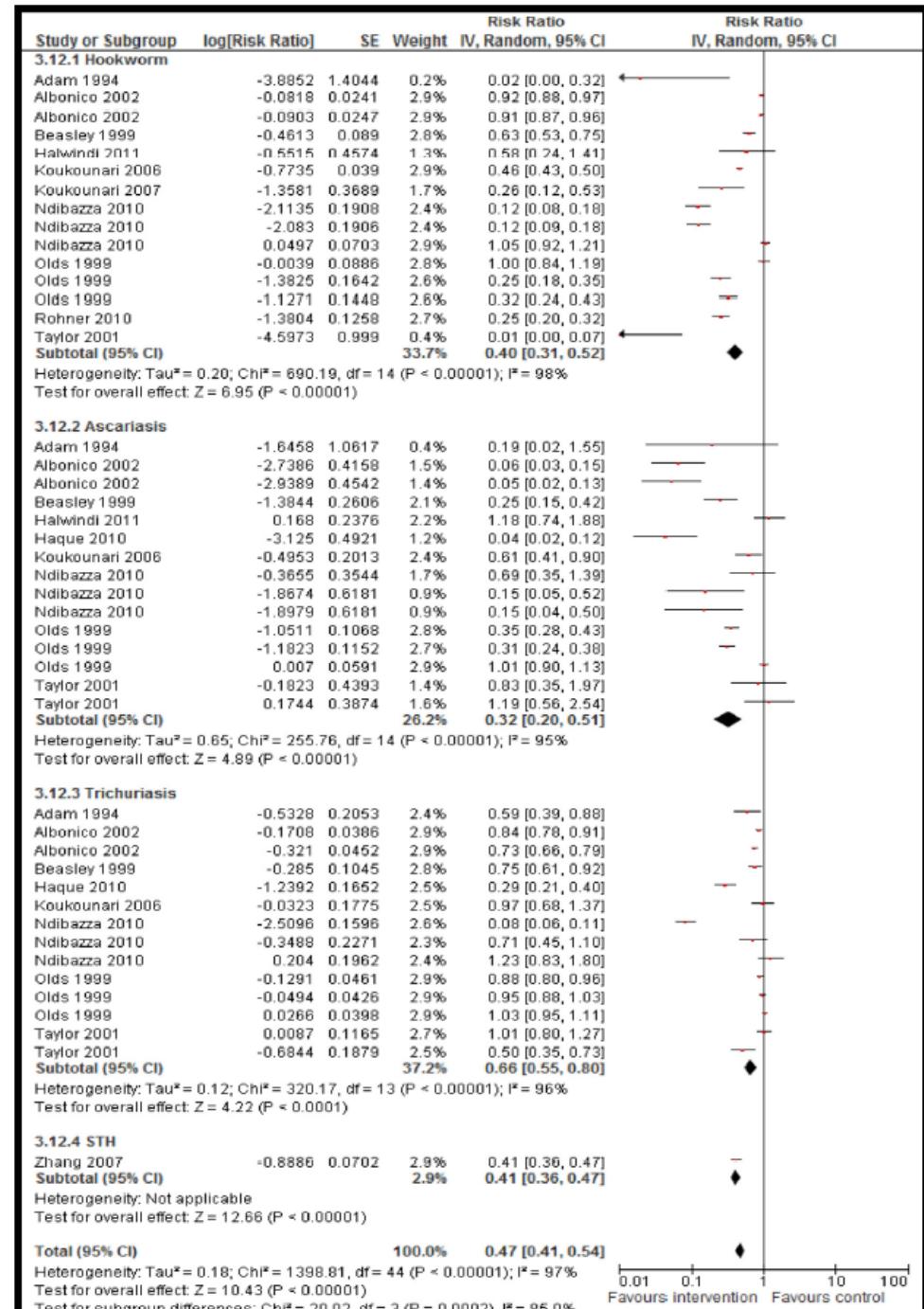
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Table 2
Comparison of the efficacy of ivermectin and albendazole against intestinal nematode infections

Group	No. of cases	<i>Ascaris</i>		<i>Hookworm</i>		<i>Trichuris</i>		<i>Enterobius</i>	
		Cure rate (%)	Egg reduction rate (%)	Cure rate (%)	Egg reduction rate (%)	Cure rate (%)	Egg reduction rate (%)	Cure rate (%)	Egg reduction rate (%)
Ivermectin	102	100 (102/102)	100 (7286/7286)	33.3 (34/102)	80.0 (1740/2176)	66.7 (68/102)	86.2 (238/276)	52.9 (54/102)	NA
Albendazole	102	99.0 (101/102)	98.5 (7328/7438)	69.6 (71/102)	90.0 (1795/1994)	67.7 (69/102)	87.3 (260/298)	94.1 (96/102)	NA
P-value		>0.05		<0.0001		>0.05		<0.0001	

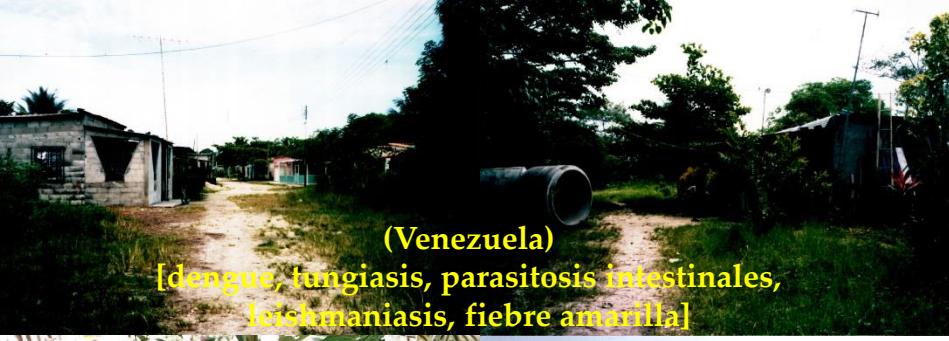


Infect Dis Poverty. 2014 Jul 31;3:23. doi: 10.1186/2049-9957-3-23. eCollection 2014.

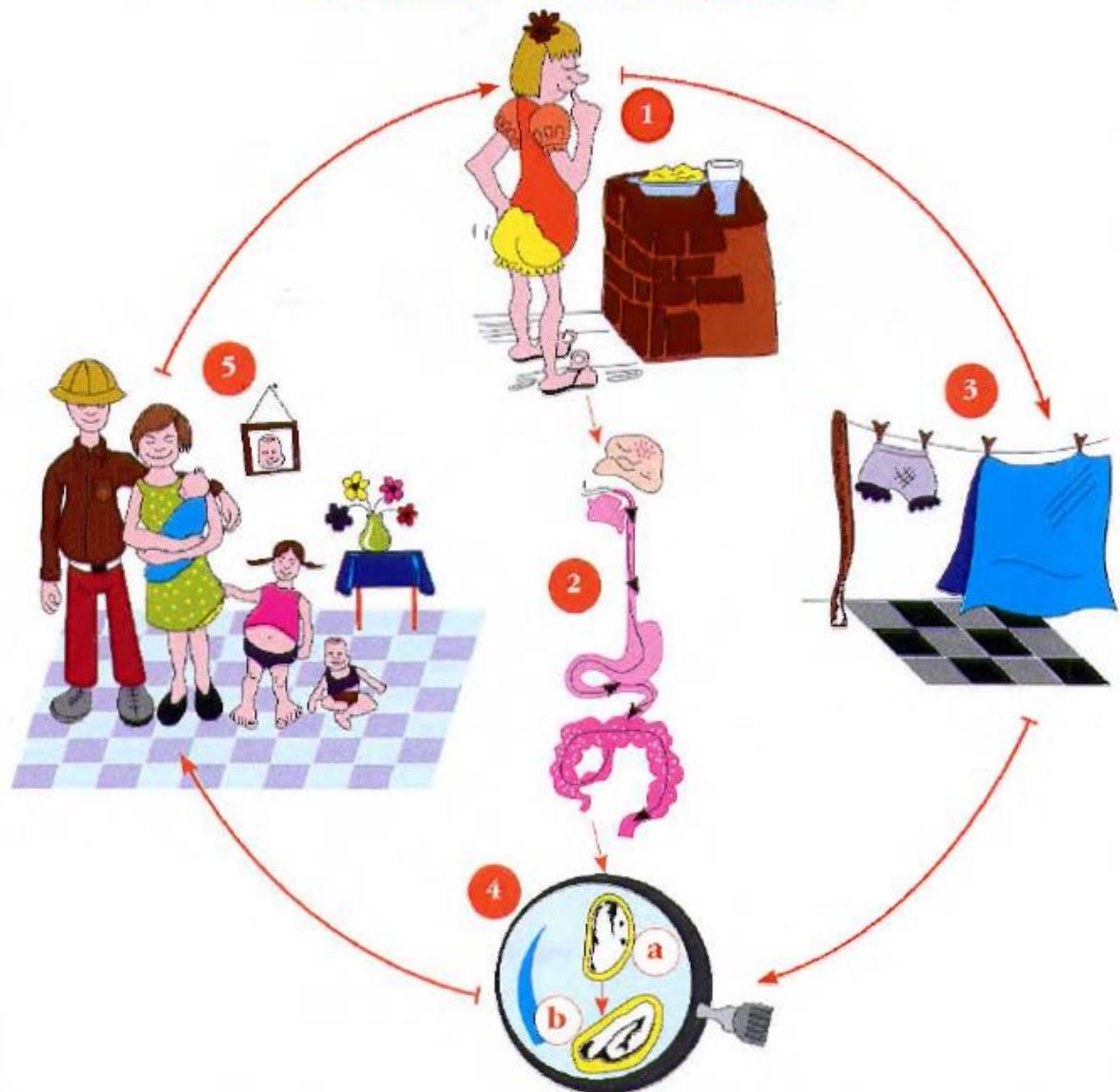
Community-based interventions for the prevention and control of helminthic neglected tropical diseases.

Salam RA1, Maredia H2, Das JK1, Lassi ZS1, Bhutta ZA3.

Figure 2 Forest plot for the impact of CBIs on STH prevalence.



Enterobius vermicularis (Oxiuros)



Prevención y Control

Figure 1.1 A Model of the Determinants of Health

Ambientes de Riesgo (ej. Agricultura y Ganadería en zonas endémicas de parasitosis sistémicas o intestinales: Chagas, Fasciola, Equinococosis, Cisticercosis)
Menor capacidad de prevención, Higiene y sanidad
Oportunidades de Empleo

Calidad de la Dieta
Nutrición
Inmunidad

Susceptibilidad
Genética
+ Endemicidad

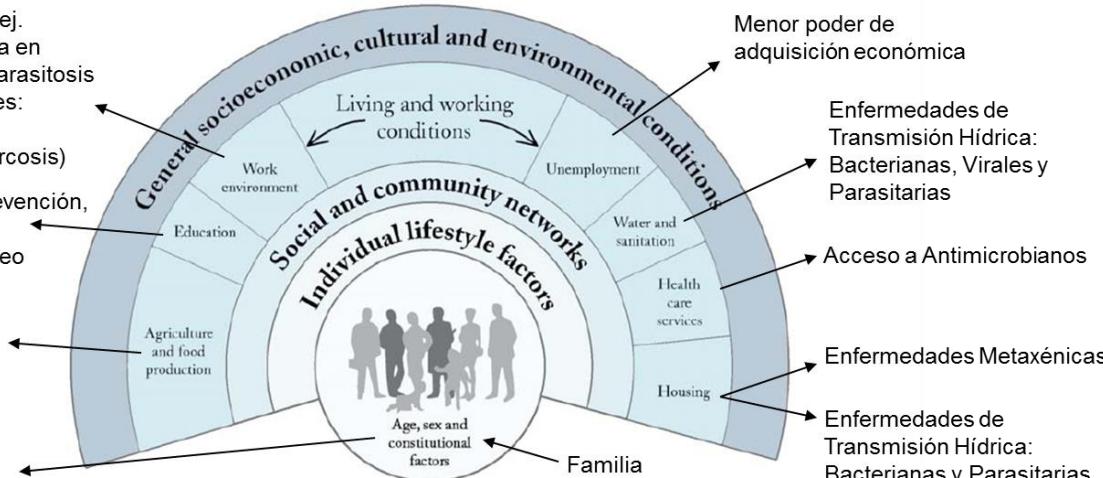


Figure shows one influential model of the determinants of health that illustrates how various health-influencing factors are embedded within broader aspects of society.

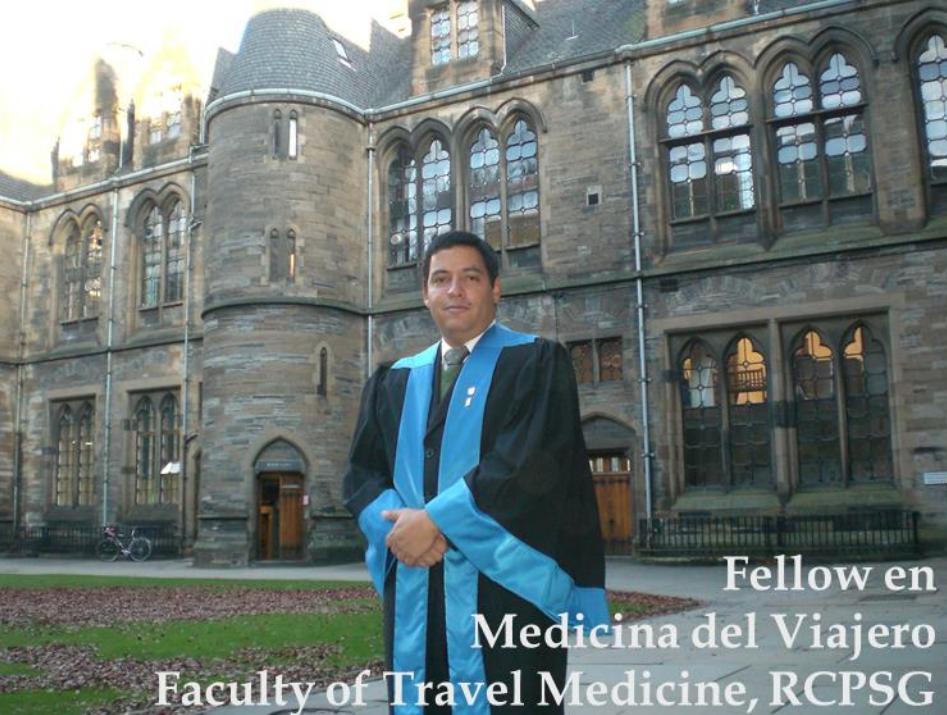
Source: Dahlgren, G. and Whitehead, M. (1991). Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for Futures Studies.

Conclusiones

- ❖ Patología de considerable frecuencia, no es objeto de vigilancia epidemiológica en Colombia y en otros países
- ❖ Alta frecuencia en población infantil, especialmente rural y asociado con pobreza y condiciones medioambientales
- ❖ Fácil tratamiento, de importancia prevención y educación, tratamiento colectivo más que individual
- ❖ Clínicamente, pensar en los diagnósticos diferenciales, pero también en presentaciones atípicas que pueden complicarse
- ❖ Poliparasitismo
- ❖ Necesidad de incrementar la investigación epidemiológica en la región y el país



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