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HANDBOOK OF CLINICAL NEUROLOGY

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3rd Series

NEUROPARASITOLOGY AND TROPICAL NEUROLOGY

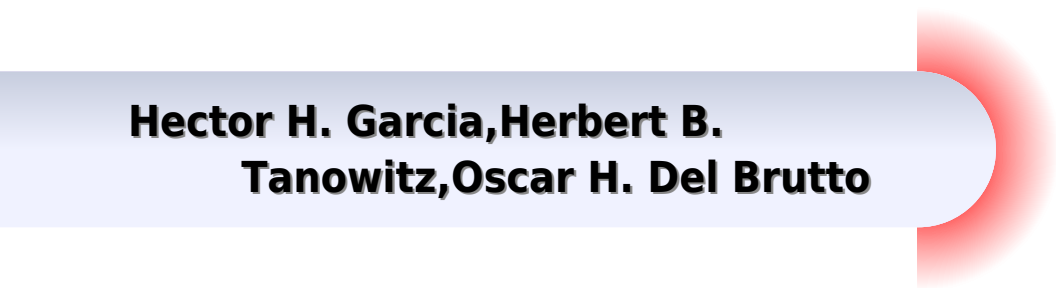
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Neuroparasitology And Tropical Neurology Chapter 8

Toxoplasmosis Handbook Of Clinical Neurology

**Hector H. Garcia, Herbert B.
Tanowitz, Oscar H. Del Brutto**



Neuroparasitology And Tropical Neurology Chapter 8 Toxoplasmosis Handbook Of Clinical Neurology:

Neuroparasitology and Tropical Neurology Sandra K. Halonen, Louis M. Weiss, 2013-07-03 *Toxoplasma gondii* an Apicomplexan is a pathogenic protozoan that can infect the central nervous system. Infection during pregnancy can result in a congenital infection with severe neurological sequelae. In immunocompromised individuals, reactivation of latent neurological foci can result in encephalitis. Immunocompetent individuals infected with *T. gondii* are typically asymptomatic and maintain this infection for life. However, recent studies suggest that these asymptomatic infections may have effects on behavior and other physiological processes. *Toxoplasma gondii* infects approximately one third of the world population, making it one of the most successful parasitic organisms. Cats and other felidae serve as the definite host, producing oocysts, an environmentally resistant life cycle stage found in cat feces, which can transmit the infection when ingested orally. A wide variety of warm-blooded animals, including humans, can serve as the intermediate host, in which tissue cysts containing bradyzoites develop. Transmission also occurs due to ingestion of the tissue cysts. There are three predominant clonal lineages termed Types I, II, and III, and an association with higher pathogenicity with the Type I strains in humans has emerged. This chapter presents a review of the biology of this infection, including the life cycle, transmission, epidemiology, parasite strains, and the host immune response. The major clinical outcomes of congenital infection, chorioretinitis, and encephalitis, and the possible association of infection of toxoplasmosis with neuropsychiatric disorders such as schizophrenia are reviewed.

Neuroparasitology and Tropical Neurology Hector H. Garcia, Herbert B. Tanowitz, Oscar H. Del Brutto, 2013-07-03 *Neuroparasitology and Tropical Neurology*, a new volume in *The Handbook of Clinical Neurology*, provides a comprehensive and contemporary reference on parasitic infections of the human nervous system. Parasitic infections are varied, and some are resolved by the host's immune system; other infections may become established even though unnoticed, and some cause severe disease and death. In our modern world, neuroparasitoses are no longer geographically isolated, and these infections now appear worldwide. Outside of a very few well-understood pathologies, most parasitic infections have been neglected in the neurological literature, and most neurologists have never diagnosed such an infection. This volume details how, with the advent of modern neuroimaging techniques, improved diagnostic applications of molecular biology, more accurate immunodiagnosis, and minimally invasive neurosurgery, human nervous system parasitoses are now diagnosed and treated with increasing frequency. The book is divided into six sections and begins with an introduction to the mechanisms of infection, diagnosis, and pathology of parasitic diseases. Subsequent chapters detail protozoan diseases, and a section covering each of the major classes of human-infecting helminths: nematodes, roundworms, trematodes, flukes, and cestodes, tapeworms. The final section contains chapters on other important areas of tropical clinical medicine, including the neurological complications of venomous bites and tropical nutritional deficiencies. *Neuroparasitology and Tropical Neurology* will be of interest to neurologists, neurosurgeons, and other health professionals encountering patients with parasitic infections. A comprehensive reference resource on the diagnosis and

treatment of parasitic infections of the human nervous system Focuses on the impact of modern neuroimaging techniques improved diagnostic applications of molecular biology more accurate immunodiagnosis and minimally invasive neurosurgery to diagnose parasitoses International list of contributors including the leading workers in the field **Neurobiology of Brain Disorders** Michael J. Zigmond, Clayton A. Wiley, Marie-Françoise Chesselet, 2022-05-20 Neurobiology of Brain Disorders Biological Basis of Neurological and Psychiatric Disorders Second Edition provides basic scientists a comprehensive overview of neurological and neuropsychiatric disease This book links basic translational and clinical research covering the genetic developmental molecular and cellular mechanisms underlying all major categories of brain disorders It offers students postdoctoral fellows and researchers in diverse fields of neuroscience neurobiology neurology and psychiatry the tools they need to obtain a basic background in the major neurological and psychiatric diseases Topics include developmental autoimmune central and peripheral neurodegeneration infectious diseases and diseases of higher function Organized by individual disorder each chapter includes coverage of the clinical condition diagnosis treatment underlying mechanisms relevant basic and translational research and key unanswered questions This volume reflects progress in the field since publication of the first edition with fully updated chapters and new chapters on isolation aging global diseases vascular diseases and toxic metabolic disease New disorder coverage includes fibromyalgia chronic fatigue Restless Legs Syndrome myasthenia gravis and more Links basic translational and clinical research on disorders of the nervous system Covers a vast array of neurological and psychiatric disorders including Down syndrome autism muscular dystrophy diabetes TBI Parkinson s Huntington s Alzheimer s OCD PTSD schizophrenia depression and pain Features new chapters on the effects of aging and isolation on brain health Expands coverage on disorders including new chapters on fibromyalgia chronic fatigue and restless legs syndrome Features in text summary points special feature boxes and research questions **Neuroparasitology and Tropical Neurology** Oscar H. Del Brutto, Hector H. Garcia, 2013-07-03 Cysticercosis an infection caused by the cystic larvae of the pork tapeworm Taenia solium is one of the most frequent parasitic infections of the human nervous system neurocysticercosis It is endemic in most of Latin America the sub Saharan Africa and vast parts of Asia including the Indian subcontinent It has also been increasingly diagnosed in developed countries because of migration of people from endemic zones and exposure in travelers The life cycle involves the development of the adult tapeworm in the human small intestine after ingesting infected pork with cysts and larval infection in pig tissues after ingesting human stools containing the eggs of the tapeworm Humans get infected by the fecal oral route most often from a direct contact with an asymptomatic Taenia carrier Most common clinical presentations are seizures particularly late onset seizures chronic headaches and intracranial hypertension However cysticerci can locate anywhere in the human nervous system thus potentially causing almost any neurological syndrome and making clinical diagnosis a difficult task Neuroimaging is the main diagnostic tool and specific serology confirms the diagnosis and helps to define the diagnosis when images are unclear

Factors such as location extraparenchymal versus intraparenchymal number size and evolutive stage of the parasites determine the clinical manifestations therapeutic approach and prognosis Management includes symptomatic drugs analgesics antiepileptic drugs anti inflammatory agents and in many cases cysticidal drugs either albendazole or praziquantel In recent years efforts have focused on transmission control and potential elimination in endemic regions

Neuroparasitology and Tropical Neurology Peruvumba Narayan Jayakumar,Hoskote S. Chandrashekar,Shehanaz Ellika,2013-07-03 Parasitic infections of the central nervous system CNS have increased over the last couple of decades partly due to a drop in the living conditions of large populations in the world and the AIDS epidemic Parasitic infections of the CNS are indolent and often life threatening hence an early diagnosis is imperative While brain biopsy and laboratory analysis remain the gold standard for diagnosis neuroimaging contributes significantly to diagnosis and follow up Imaging can demonstrate the extent of infection and complications and possibly the type of parasitic infection when characteristic features are evident The disappearance of the parasite or inflammation gliosis and or calcification suggest a therapeutic response The initial experience of the CT scan has been greatly enhanced by MRI which is currently the imaging modality of choice This has been due to the greater tissue contrast resolution of MRI and its ability to detect subtle changes in the tissue parenchyma Advanced techniques such as diffusion weighted imaging DWI perfusion imaging PI MR angiography MRA and MR spectroscopy MRS have been used to improve the sensitivity for characterizing the type viability and burden of the parasites and the host tissue response Additionally it is possible to demonstrate the complications of the primary infection and those secondary to treatment in some cases

Neuroparasitology and Tropical Neurology Veerle Lejon,Marina Bentivoglio,José Ramon Franco,2013-07-03 Human African trypanosomiasis or sleeping sickness is a neglected tropical disease that affects populations in sub Saharan Africa The disease is caused by infection with the gambiense and rhodesiense subspecies of the extracellular parasite *Trypanosoma brucei* and is transmitted to humans by bites of infected tsetse flies The disease evolves in two stages the hemolymphatic and meningoencephalitic stages the latter being defined by central nervous system infection after trypanosomal traversal of the blood brain barrier African trypanosomiasis which leads to severe neuroinflammation is fatal without treatment but the available drugs are toxic and complicated to administer The choice of medication is determined by the infecting parasite subspecies and disease stage Clinical features include a constellation of nonspecific symptoms and signs with evolving neurological and psychiatric alterations and characteristic sleep wake disturbances Because of the clinical profile variability and insidiously progressive central nervous system involvement disease staging is currently based on cerebrospinal fluid examination which is usually performed after the finding of trypanosomes in blood or other body fluids No vaccine being available control of human African trypanosomiasis relies on diagnosis and treatment of infected patients assisted by vector control Better diagnostic tools and safer easy to use drugs are needed to facilitate elimination of the disease

Neuroparasitology and Tropical Neurology Santiago Mas-Coma,Veronica H.

Agramunt, M. Adela Valero, 2013-07-03 Fascioliasis is a worldwide zoonotic disease caused by the liver trematodes *Fasciola hepatica* and *Fasciola gigantica*. Neurological fascioliasis has been widely reported in all continents affecting both sexes and all ages. Two types of records related to two physiopathogenic mechanisms may be distinguished: cases in which the neurological symptoms are due to direct effects of a migrating juvenile present in the brain or neighboring organ and with cerebral lesions suggesting migration through the brain; and cases with neurological symptoms due to indirect immunological and toxic effects at a distance from flukes in the liver. Neurological manifestations include minor symptoms mainly cephalalgias and major symptoms which are nonspecific, extremely diverse, varying from one patient to another and even within the same patient, and comprising meningeal manifestations and impressive neurological manifestations. The puzzling neurological polymorphism leads to confusion with cerebral tumors, multiple sclerosis, lesions of the brainstem or cerebrovascular hemorrhages. Only blood eosinophilia and information on infection source guide toward correct diagnosis by appropriate coprological and/or serological techniques. Although neurological patients usually recover after fasciolicide treatment or surgical worm extraction, sequelae which are sometimes important remain in several patients. The need to include possible neurological complications within the general frame of fascioliasis becomes evident.

Neuroparasitology and Tropical Neurology Patricia P. Wilkins, 2013-07-03 The nature of many parasitic infections of the central nervous system (CNS) requires immunodiagnosis to confirm presumptive diagnoses. The CNS is the primary site of parasite infection for some parasitic organisms and for others neurological infection occurs only in immunocompromised hosts. Still other parasites cause ectopic infections of the CNS and occur very rarely. This review concentrates on laboratory diagnosis of diseases that are caused by parasites with a primary predilection for the CNS. Emphasis is placed on laboratory diagnostic methods that are used and suitable for clinical diagnosis rather than a comprehensive review of all the experimental methods that have been reported in the literature. Immunodiagnosis is not appropriate for the diagnosis of all parasitic infections of the CNS; in those cases alternative diagnostic methods are presented but not discussed in detail. In some instances potential new antigens or methods are presented particularly if adoption of these methods is expected in the near future.

Neuroparasitology and Tropical Neurology José Eymard Homem Pittella, 2013-07-03 Parasitic infections of the central nervous system (CNS) include two broad categories of infectious organisms: single-celled protozoa and multicellular metazoa. The protozoal infections include malaria, American trypanosomiasis, human African trypanosomiasis, toxoplasmosis, amebiasis, microsporidiosis, and leishmaniasis. The metazoal infections are grouped into flatworms which include trematoda and cestoda and roundworms or nematoda. Trematoda infections include schistosomiasis and paragonimiasis. Cestoda infections include cysticercosis, coenurosis, hydatidosis, and sparganosis. Nematoda infections include gnathostomiasis, angiostrongyliasis, toxocariasis, strongyloidiasis, filariasis, baylisascariasis, dracunculiasis, micronemiasis, and lagochilascariasis. The most common route of CNS invasion is through the blood. In some cases the parasite invades the olfactory neuroepithelium in the nasal

mucosa and penetrates the brain via the subarachnoid space or reaches the CNS through neural foramina of the skull base around the cranial nerves or vessels The neuropathological changes vary greatly depending on the type and size of the parasite geographical strain variations in parasitic virulence immune evasion by the parasite and differences in host immune response Congestion of the leptomeninges cerebral edema hemorrhage thrombosis vasculitis necrosis calcification abscesses meningeal and perivascular polymorphonuclear and mononuclear inflammatory infiltrate microglial nodules gliosis granulomas and fibrosis can be found affecting isolated or multiple regions of the CNS or even diffusely spread Some infections may be present as an expanding mass lesion The parasites can be identified by conventional histology immunohistochemistry in situ hybridization and PCR

Neuroparasitology and Tropical Neurology Krister Kristensson,Willias Masocha,Marina Bentivoglio,2013-07-03 Invasion of the central nervous system CNS is a most devastating complication of a parasitic infection Several physical and immunological barriers provide obstacles to such an invasion In this broad overview focus is given to the physical barriers to neuroinvasion of parasites provided at the portal of entry of the parasites i e the skin and epithelial cells of the gastrointestinal tract and between the blood and the brain parenchyma i e the blood brain barrier BBB A description is given on how human pathogenic parasites can reach the CNS via the bloodstream either as free living or extracellular parasites by embolization of eggs or within red or white blood cells when adapted to intracellular life Molecular mechanisms are discussed by which parasites can interact with or pass across the BBB The possible targeting of the circumventricular organs by parasites as well as the parasites direct entry to the brain from the nasal cavity through the olfactory nerve pathway is also highlighted Finally examples are given which illustrate different mechanisms by which parasites can cause dysfunction or damage in the CNS related to toxic effects of parasite derived molecules or to immune responses to the infection

Neuroparasitology and Tropical Neurology Jean Jannin,Albis Francesco Gabrielli,2013-07-03 Neglected tropical diseases are a group of mostly infectious diseases that thrive among poor populations in tropical countries A significant proportion of the conditions affecting the neurological system in such countries can be attributed to neglected tropical diseases of helminth protozoan bacterial or viral origin The neurological burden of neglected tropical diseases has not been thoroughly investigated yet but is expected to be significant its full appreciation estimation and recognition present significant challenges as shown by the case of the silent epidemic of epilepsy While tropical infections involving the nervous system are today largely preventable or treatable as vaccines or chemotherapeutic agents are available to kill or neutralize the responsible agents associated morbidity when established cannot be cured In resource poor settings it is likely that many infections will not be treated and will therefore progress into their advanced and severe stages thus being increasingly associated with irreversible morbidity this is also the case for neurological morbidity which often entails permanent disability Public health should aim at reducing the burden of tropical neurological diseases through interventions addressing the infection the associated morbidity and the disability deriving from it

Neuroparasitology and Tropical Neurology Alessandra Nicoletti, 2013-07-03 Toxocariasis is one of the most commonly reported zoonotic helminth infections in the world with a higher prevalence in tropical settings and in rural populations. It is caused by the larval stages of the ascarids *Toxocara canis*, the common roundworm of dogs, and probably also by the larval stages of *Toxocara cati*, the roundworm of cats. The clinical spectrum of toxocariasis in humans varies from asymptomatic infection to severe organ injury caused by larval migration to the major organs, visceral larva migrans. Clinical involvement of the nervous system in visceral larva migrans due to *Toxocara* is thought to be rare, although in experimental animals the larvae frequently migrate to the brain. The CNS migration leads to a variety of neurological disorders such as meningo-encephalitis, space-occupying lesion, cerebral vasculitis, epilepsy, and myelitis. Several studies have evidenced high seropositivity rates for *T. canis* among people with epilepsy, suggesting that toxocariasis could play a role in the incidence of epilepsy in endemic areas. Diagnosis of neurotoxocariasis is based on the history, blood tests including differential blood cell count, CSF investigations including determination of antibodies anti-*Toxocara canis*, and neuroimaging. Like the visceral manifestations, neurological manifestations of toxocariasis are treated with benzimidazole components. *Neuroparasitology and Tropical Neurology* Fernando Woll, Eduardo Gotuzzo, Martin Montes, 2013-07-03 *Strongyloides stercoralis* is a nematode endemic in humid tropical regions. The life cycle of this parasite is complex and unique due to its capacity to cause autoinfection, resulting in chronic infections. Innate and adaptive immune responses are responsible for clearing the parasite. Many risk factors have been described, but the most important is living in or having visited an endemic area. The clinical presentation of strongyloidiasis is varied and ranges from asymptomatic chronic infection to hyperinfection syndrome. Hyperinfection syndrome is more common in patients with immunosuppression due to therapy with corticosteroids, coinfection with human T-lymphotropic virus type I, HTLV-1, transplant patients, or patients receiving chemotherapy. Multiplication and migration of large parasite numbers cause worsening of the initial symptoms and lead to a high mortality rate. CNS involvement in strongyloidiasis has only been seen in patients with hyperinfection syndrome. Meningitis is the most common form of CNS involvement, and gram-negative bacteria are the more frequent etiology. Repeated stool samples with concentration methods have a good sensitivity and specificity. In patients that are not from endemic areas, serum antibody tests may be useful in the diagnosis. Treatment with a single dose of ivermectin is recommended for most patients. In severe or hyperinfection cases, repeated doses may be needed. *Neuroparasitology and Tropical Neurology* Ahmad Ashfaq, A. Clinton White, 2013-07-03 Microsporidia are obligate intracellular spore-forming organisms. Several species of microsporidia cause human disease, mainly in immunocompromised hosts. The spectrum of disease varies from diarrhea, keratoconjunctivitis, to disseminated infection involving multiple organs. CNS disease is a rare manifestation, usually seen in compromised hosts as part of a disseminated infection. Only 12 cases of CNS microsporidiosis have been reported in the literature. Clinically, they usually present with signs and symptoms of encephalitis and seizures. Diagnosis often requires brain biopsy, but spores can

occasionally be found in other sites Albendazole and fumagillin have been successfully used in treating microsporidiosis at other sites but their role in CNS infection is unclear *Neuroparasitology and Tropical Neurology* Fabrizio Bruschi, Enrico Brunetti, Edoardo Pozio, 2013-07-03 Trichinellosis is a parasitic zoonosis caused by the nematode *Trichinella* spp Neurotrichinellosis represents one of the most important complications of severe trichinellosis in humans and is sometimes fatal especially when *Trichinella spiralis* is involved There are numerous mechanisms responsible for the involvement of the nervous system through direct or indirect involvement of the parasite In the latter inflammatory cells especially eosinophils appear to play a crucial role Encephalopathy neuromuscular disturbances and ocular involvement represent the most frequent presentations of neurotrichinellosis with the first being the most responsible for fatalities The diagnosis is based on imaging CT or MRI which shows nodular multifocal hypodensities in serologically positive individuals with relevant epidemiological factors e g consumption of raw pork However only direct diagnosis by muscle biopsy can give the absolute certainty of infection Albendazole and mebendazole are the anthelmintic of choice and should be used with corticosteroids to prevent allergic manifestations *Neuroparasitology and Tropical Neurology* Gustavo C. Román, 2013-07-03 About three fourths of the total world population live in the tropics but consume only 6% of worldwide food production and contribute 15% of the world's net revenue explaining the short life expectancy high infantile mortality and poor daily caloric intake moreover lack of clean drinking water and deficient sanitation promote water borne infections diarrhea and risk of malabsorption that contribute to the prevalence of malnutrition in the tropics One third of the world's population consumes insufficient iodine increasing the risk for mental retardation and deafness due to maternal hypothyroidism The main nutritional syndromes comprise protein energy malnutrition marasmus and kwashiorkor nutritional neuropathies myelopathies and neuromyelopathies as well as specific deficiencies of vitamins and micronutrients including iodine iron zinc and selenium **Neuroparasitology and Tropical Neurology** Devender Bhalla, Michel Dumas, Pierre-Marie Preux, 2013-07-03 Filarial infections cause a huge public health burden wherever they are endemic These filaria may locate anywhere in the human body Their manifestations and pathogenic mechanisms except the most common ones are rarely investigated systematically Their neurological manifestations however are being increasingly recognized particularly with onchocerciasis or Loa loa infections *Wuchereria bancrofti* or *Mansonella perstans* The risk of developing these manifestations may also increase in cases that harbor multiple filariasis or coinfections for instance as with *Plasmodium* The microfilaria of *Onchocerca* and *Loa loa* are seen in cerebrospinal fluid The pathogenesis of neurological manifestations of these infections is complex however pathogenic reactions may be caused by mechanical disruption e g degeneration often followed by granulomas causing fibrosis or mass effects on other tissues vascular lesions e g vascular block of cerebral vessels or disordered inflammatory responses resulting in meningitis encephalitis or localized inflammatory responses The chances of having neurological manifestations may also depend upon the frequency and heaviness of infection over a lifetime Hence this

type of infection should no longer be considered a disease of the commonly affected areas but one that may produce systemic effects or other manifestations and these should be considered in populations where they are endemic Neuroparasitology and Tropical Neurology Christina Marie Coyle, 2013-07-03 Schistosomiasis is a parasitic disease caused by blood flukes of the genus *Schistosoma*. Currently 200 million people worldwide are infected. Neurological manifestations are a result of the inflammatory response of the host to egg deposition in the brain and spinal cord and is usually seen in patients with recent infection with no evidence of systemic illness. Cerebral and cerebellar disease can result in headache, seizure, and increased intracranial pressure. Cerebral schistosomiasis is more common in *Schistosoma japonicum* but increasing cases due to *Schistosoma mansoni* are being reported in the literature. Other complications of cerebral schistosomiasis include delirium, loss of consciousness, visual field impairment, focal motor deficits, and ataxia. Myelopathy is the most common neurological manifestation of *Schistosoma mansoni* and the conus medullaris and cauda equina are the most common sites of involvement. Severe disease can result in flaccid paraplegia with areflexia, sphincter dysfunction, and sensory disturbance. Early recognition and prompt treatment are essential when physicians are faced with schistosomiasis involving the central nervous system. Schistosomicidal drugs such as praziquantel, steroids, and surgery are the mainstay of therapy for this severe form of schistosomiasis. Neuroparasitology and Tropical Neurology Jane Kvalsvig, Marco Albonico, 2013-07-03 Published reviews vary on the question of whether geohelminth infections affect cognitive development. Some claim that the scarcity of evidence means that it is unlikely that they do; others present modest evidence for an effect and others raise the possibility that the damage is considerable but largely unresearched. This chapter reviews the characteristics of the geohelminths themselves and the pathways by which they could affect the development of children in endemic areas. It describes the progress made in the last decade in conceptualizing children's brains as complex adaptive systems with the suggestion that infections at different stages in brain development might have different neurobehavioral consequences. An examination of research reports and review articles highlights the difficulties inherent in assessing the effects of geohelminth infections; other serious obstacles to healthy development in the same population may mask the effects of the geohelminths and consequently the intensity and pathogenicity of the infection is probably an important issue. Selecting cognitive measures suitable for assessing development in very young children is no simple matter and careful statistical analysis is required to tease out the primary and secondary factors at work. The insights gained from a broad range of relevant research reports have placed us in a better position to conduct more telling research into the effects of these widespread but neglected tropical diseases.

Neuroparasitology and Tropical Neurology Douglas G. Postels, Gretchen L. Birbeck, 2013-07-03 Malaria, the most significant parasitic disease of man, kills approximately one million people per year. Half of these deaths occur in those with cerebral malaria (CM). The World Health Organization (WHO) defines CM as an otherwise unexplained coma in a patient with malarial parasitemia. Worldwide, CM occurs primarily in African children and Asian adults, with the vast majority greater than

90% of cases occurring in children 5 years old or younger in sub Saharan Africa The pathophysiology of the disease is complex and involves infected erythrocyte sequestration cerebral inflammation and breakdown of the blood brain barrier A recently characterized malarial retinopathy is visual evidence of Plasmodium falciparum s pathophysiological processes occurring in the affected patient Treatment consists of supportive care and antimalarial administration Thus far adjuvant therapies have not been shown to improve mortality rates or neurological outcomes in children with CM For those who survive CM residual neurological abnormalities are common Epilepsy cognitive impairment behavioral disorders and gross neurological deficits which include motor sensory and language impairments are frequent sequelae Primary prevention strategies including bed nets vaccine development and chemoprophylaxis are in varied states of development and implementation Continuing efforts to find successful primary prevention options and strategies to decrease neurological sequelae are needed

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Introduction

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