

# Guest editorial

## Parasitic infections

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Parasitic infections place a huge burden on health care systems across the globe, especially in the developing world. Malaria is no doubt the most important of these ailments, causing approximately 2 million deaths world wide each year. However, numerous other parasites are responsible for significant mortality and morbidity within the Third-World setting.

The decline of health care structures in many African countries has led to an increase in parasitic infections as vector elimination and disease prevention programmes fail. International travel and the ongoing refugee crises in many parts of the Third World have resulted in numerous people presenting with parasitic infections not normally found in their home environment. Health care providers therefore need to be vigilant about travel and migration history as well as ailments they may not normally encounter in their everyday practice. Although not a parasitic infection, the current H1N1 scare has placed the rapid spread of infectious disease at the forefront of medical science, and is a useful reminder how vulnerable we remain to infectious organisms.

This edition of *CME* is dedicated to the topic of parasitic diseases. It is a huge undertaking to cover even a small part of this important aspect of the burden of disease in sub-Saharan Africa. However, we have chosen a selection of topics that is as clinically relevant to South African health care practitioners as possible. Malaria will not be covered in any great detail, as this was covered by *CME* in 2008.

HIV plays an important role in sub-Saharan Africa and must be brought into the equation when considering most illnesses. As such, Professor Gary Maartens discusses three groups of parasitic infections relevant to the HIV-positive patient, namely malaria, toxoplasmosis and those causing diarrhoeal disease. Co-infection with these illnesses and HIV has become very common and clinicians need to be competent in their diagnosis and management.

Many of the skin disorders seen in everyday practice are caused by parasites, and Professor Modi discusses several important dermatological conditions related to parasitic infestation. He covers

these through the use of case scenarios and illustrative pictures, and provides comprehensive treatment options.

Increased global travel exposes many people to infectious diseases, and leads to large numbers of returning tourists consulting their doctors with potential parasitic infections. Professor Grobusch deals with this difficult topic in his article on parasitic infections in the returning traveller. He suggests a syndromic approach to the investigation of the returning traveller, and makes suggestions regarding the investigation of eosinophilia in these patients, as well as the screening of asymptomatic patients.

Schistosomiasis is a very common parasitic infection in many parts of the world, with almost 200 million cases globally. It may present with a variety of manifestations ranging from the acute Katayama fever to the more chronic effects on the liver and urinary tract. Dr Mendelson deals with this important condition in his article covering pathogenesis, clinical manifestations and treatment.

Dr Menezes deals with another common problem, tape worm infestation and the complications arising from it. He covers both *Taenia* and resultant cysticercosis, as well as *Echinococcus granulosus* infections and hydatid cysts. Nematode infections are being targeted for control and eradication, as is pointed out by Dr van der Plas in her review of roundworm infestations. These remain one of the commonest infections across the globe, and although seldom fatal, contribute significantly to the disease burden across the Third World. Lastly, Dr Doug Wilson deals with the clinical manifestation of *Entamoeba histolytica* infection. He covers both the intestinal as well as extra-intestinal complications and the appropriate treatment options available.

So much focus has correctly been placed on the management of HIV/AIDS, tuberculosis and chronic diseases of lifestyle that this edition serves as a useful reminder of the host of parasitic infections we confront in daily clinical practice. We trust that you enjoy the contributions and thank our colleagues for their informative articles.