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Filariasis and surgical approach

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Filariasis is a contagious disease caused by a filarial worm infection transmitted by mosquito bites. This disease can lead to decreased work productivity, disability and social stigma. The process of transmission of this disease begins when mosquitoes bite and suck the blood of people who contain microfilaria. Filarial infections have been grouped into three categories of diseases based on their location: (1) Lymphatic, (2) skin and (3) body cavities. Morbidity is almost entirely due to species that cause lymphatic disease and for lower-grade skin lesions. Most infected individuals do not show typical clinical symptoms, although the worm larvae have damaged the lymph system. Only a small proportion of cases develop into lymphadema. Approximately, 65% of filariasis cases are currently in Southeast Asia and 30% in Africa. The use of anti-filarial drugs in the treatment of acute lymphadenitis and lymphangitis is controversial. No further studies have demonstrated the administration of diethylcarbamazine (DEC), a piperazine derivative. Diethylcarbamazine (Hetrazan, Banoside, Notezine, Filarizan) may be useful for the treatment of acute lymphangitis. Diethylcarbamazine may be administered to asymptomatic microfilaremic to reduce the number of parasites in the blood. This drug can also kill adult worms. The doses of diethylcarbamazine are increased gradually. We reported a case of 28-year-old man diagnosed with filariasis and treated with Albendazole 400 mg once daily for 3 days, Diethylcarbamazine 100 mg five times daily for 12 days and surgical procedure was performed to provide aesthetic clinical improvement.

Biography

Karlina Novianti Kasim is currently attending Residency in Dermatovenereology at Hasanuddin University, Indonesia.

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