Lymphatic Elephantiasis in One Neglected African Country-Democratic Republic of Sao Tome e Principe

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The Democratic Republic of Sao Tome e Principe (DRSTP) consists of the two islands of Sao Tome and Principe and a number of smaller islets in the Gulf of Guinea. Sao Tome lies approximately 180 miles from Gabon on the West African coast, and the equator crosses its southern tip. The climate is tropical with two rainy seasons. The total number of inhabitants in the DRSTP is estimated to be 160,000. Due to the suitable climate, many neglected tropical parasitic diseases e.g., intestinal parasites, Schistosoma intercalatum, and Toxoplasma gondii have been found endemic in DRSTP [1,2]. Since arthropod-borne parasitic diseases e.g., falciparum malaria has been long seriously endemic, the infection rate of malaria has been greatly reduced from 25% in year of 2000 to less than 3% in year of 2008 in DRSTP through intensive insecticide spray; and that the achievement was accomplished by the efforts of Taiwanese experts who were financially supported by Taiwan government [3-5]. Nevertheless, Lymphatic Elephantiasis (LE) cases can be still found in some inhabitants (Figure 1) who have been living in Sao Tome Island for more than 25 years; whereas LE was ignored and overshadowed by malaria for a long time in DRSTP. Although Ruiz et al. [6] has indicated such elephantiasis in STP people is possibly produced by deposits of inorganic materials in the lymph node of the lower extremities which is alternatively named of Podoconiosis; it is evidenced that in fact filarial lymphatic elephantiasis (FLE) co-exists with Podoconiosis in DRSTP because we found one FLE case in STP reporter who has filarial dance sign [7] in left inguinal region as detected by Ultrasongraphy with a linear array transducer at 7.5 MHz (Sonoma Health Products, Inc., CA, USA) (Figure 2). Comprehensive epidemiological investigations for STP inhabitants are urgently needed to elucidate whether FLE is commonly transmitted among rural areas. Although FLE has been regarded by World Health Organization as important Neglected Tropical Disease (NTD); until 2011, WHO designated podoconiosis as one of the 20 NTDs [8]. Since the different infection routes for Podoconiosis and FLE, measures against Podoconiosis is to prevent inhabitants walking on the soil with bare feet from the skin being penetrated by inorganic materials derived from alkaline volcanic rock; while measures against FLE including avoid mosquito’s biting and take Albendazole regularly.

References

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Received February 20, 2013; Accepted March 20, 2013; Published March 25, 2013


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