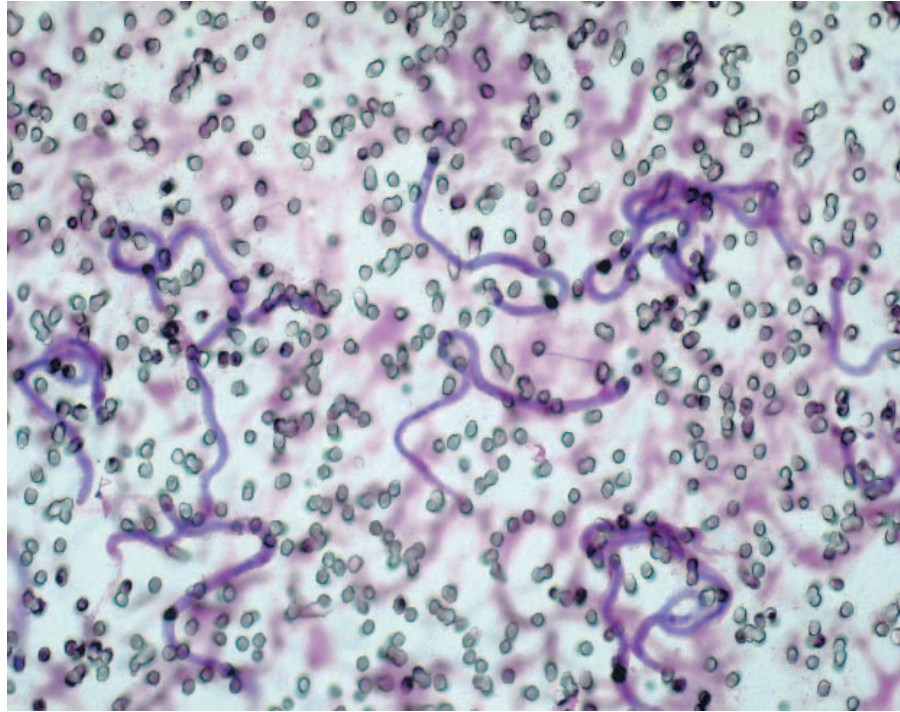


## IMAGES IN CLINICAL MEDICINE

## Loiasis



Thomas Weitzel, M.D.  
Tomas Jelinek, M.D.

Institute of Tropical Medicine  
D-14050 Berlin, Germany

A 14-YEAR-OLD FEMALE REFUGEE FROM CAMEROON WAS ADMITTED TO our clinic for a medical checkup two weeks after arriving in Germany. Her medical history was notable only for multiple episodes of malaria. At presentation, the young woman reported complete well-being, with no ocular problems, transient or Calabar swellings, or pruritus. The physical examination and the results of routine laboratory testing were unremarkable except for an eosinophil count of 1200 cells per cubic millimeter (17 percent). Direct examination of blood revealed highly motile microfilariae (Video Clip, arrow). Giemsa-stained thick blood films confirmed *Loa loa* microfilariae as well as ring forms of *Plasmodium falciparum*. Quantification of loiasis with the use of thick blood films and filtration yielded high levels of parasites — 5000 microfilariae per milliliter. The malaria was successfully treated with artemether and lumefantrine, and the asymptomatic loiasis was not treated initially, given the risk of severe side effects such as encephalopathy and death. She remained asymptomatic from the loiasis and was afterward given a three-week course of albendazole to decrease the parasite burden before treatment with diethylcarbamazine was initiated. She subsequently received diethylcarbamazine therapy without incident, and a follow-up blood smear was negative for *Loa loa*.

Copyright © 2006 Massachusetts Medical Society.