



Short note on Chagas disease

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DESCRIPTION

Acute Chagas disease occurs immediately after infection, and can last up to a few weeks or months. During the acute phase, parasites may be found in the circulating blood. This phase of infection is usually mild or asymptomatic. There may be fever or swelling around the site of inoculation (where the parasite entered into the skin or mucous membrane). Rarely, acute infection may result in severe inflammation of the heart muscle or the brain and lining around the brain. Chagas disease has an acute and a chronic phase. If untreated, infection is lifelong.

Diagnosis of Chagas disease

During the acute phase of infection, parasites may be seen circulating in the blood. The diagnosis of Chagas disease can be made by observation of the parasite in a blood smear by microscopic examination. A thick and thin blood smear are made and stained for visualization of parasites. Diagnosis of chronic Chagas disease is made after consideration of the patient's clinical findings, as well as by the likelihood of being infected, such as having lived in a country where Chagas disease is common. Diagnosis is generally made by testing for parasite specific antibodies.

Management

Chagas disease is controlled the usage of antiparasitic pills to do away with *Trypanosoma cruzi* from the body and symptomatic treatment to address the effects of the infection. As of 2018, benznidazole and nifurtimox were the antiparasitic pills of choice for treating Chagas disease, though benznidazole is the only drug to be had in maximum of Latin America. For both drug, remedy commonly includes to 3 oral doses in line with day for 60 to ninety days. Antiparasitic remedy is best early in the course of infection: it removes *Trypanosoma cruzi* from 50 to 80% of human beings in the extreme phase, however only 20–60% of these in the continual

phase. Treatment of continual sickness is greater powerful in youngsters than in adults, and the therapy charge for congenital sickness procedures 100% if handled in the first 12 months of life. Antiparasitic remedy also can sluggish the development of the sickness and decrease the opportunity of congenital transmission. Elimination of *Trypanosoma cruzi* does now no longer therapy the cardiac and gastrointestinal harm due to continual Chagas disease, so those situations need to be handled separately. Antiparasitic remedy isn't always endorsed for human beings who've already evolved dilated cardiomyopathy

Prevention

Efforts to prevent Chagas disease have largely focused on vector control to limit exposure to triatomine bugs. Insecticide-spraying programs have been the mainstay of vector control, consisting of spraying homes and the surrounding areas with residual insecticides. Blood transfusion was formerly the second-most common mode of transmission for Chagas disease can survive in refrigerated stored blood, and can survive freezing and thawing, allowing it to persist in whole blood, packed red blood cells, granulocytes, cryoprecipitate, and platelets.

The parasite is present in bugs, improved housing and spraying insecticide inside housing to eliminate the bugs has significantly decreased the spread of Chagas disease. Screening of blood donations for Chagas is another important public health tool to help prevent spreading the disease through blood transfusions. Early detection and treatment of new cases, including mother-to-baby (congenital) cases, will also help reduce the burden of disease. In the United States and in other regions where Chagas disease is now found but is not widespread, control strategies are focused on preventing transmission from blood transfusion, organ transplantation, and mother-to-baby.

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