



## Strongyloidiasis and Hyper Infectious Disease Syndrome

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### DESCRIPTION

*Strongyloides Stercoralis* Hyper infection Syndrome is a rare but fatal disease that is common in immunocompromised patients. Strongyloidiasis in patients with chronic kidney disease is rarely reported. Strongyloides is a parasite endemic to the southeastern United States that is endemic to the tropical and subtropical regions of the world. *Strongyloides* is caused by the female nematode *Strongyloides stercoralis*.

Despite recent advances in animal model experiments, strongyloidiasis, an infectious disease caused by the nematode parasite *Strongyloides stercoralis*, remains an elusive disease. Although endemic in some developing countries, strongyloidiasis still poses a threat to developed countries. Strongyloidiasis requires special attention due to the unique and unique characteristics of self-infection, hyper infection syndrome that affects only the lungs and gastrointestinal system, and disseminated infections involving other organs. When treating doctors, especially patients in areas where strongyloidiasis is endemic.

Parasitic infections are rare in developed countries, but sporadic cases of strongyloidiasis, toxocariasis, and giardiasis occur, especially in endemic areas. Physicians should be aware of basaltoid endemic areas as they are difficult to diagnose and are likely to have fatal complications.

Self-infection is one of the key features of the life cycle of Threadworm *Strongyloides stercoralis*. The various life cycle changes in the case of self-infection are as follows: Larvae are not shed in the stool, but molt twice in the host's body (mainly in the intestine) to become filamentous larvae that penetrate the intestinal wall or the skin around the anus and reach various locations. Causes over-infection syndrome, or disseminated infections involving other organ systems when confined to body organs, respiratory and gastrointestinal tracts.

### Chronic manifestations

The chronic form of strongyloidiasis is almost asymptomatic, but mild symptoms that affect the lung and gastrointestinal system can occur. Various chronic symptoms include nausea, vomiting, tender upper abdominal pain, intermittent vomiting,

diarrhea, constipation, weight loss, asthma-like symptoms, urticaria, and characteristic larvae due to subcutaneous migration of larvae.

### Hyper infection syndrome

Immunosuppression, iatrogenic (use of systemic corticosteroids such as chronic obstructive pulmonary disease or asthma, systemic lupus erythematosus, rheumatoid arthritis, autoimmune hemolytic anemia, chronic active hepatitis) or HTLV1 and HIV infection, etc. Other infectious diseases such as comorbidities, organ transplants, and Kala Azar may increase the risk of over-infection syndrome in patients with lupus erythematosus.

Intestinal symptoms include severe spasmodic abdominal pain, watery diarrhea, weight loss, nausea, vomiting, and possibly gastrointestinal bleeding. Subacute ileus can also be caused by strongyloidiasis. Extra intestinal symptoms mainly include asthma-like symptoms such as coughing and wheezing, but also include symptoms such as pneumonia and pulmonary hemorrhage with bilateral diffuse infiltration on chest X-rays.

The important conditions which can confuse the physicians in the diagnosis of strongyloidiasis include other nematode infections. Strongyloidiasis, especially the hyper infection syndrome and more systemic disseminated infection, can sometimes mimic pneumonia, polyarteritis nodosa, malignant mediastinal neoplasia, eosinophilic folliculitis, relapse of lymphoma, primary intestinal lymphoma, flare up of systemic lupus erythematosus, peptic ulcer disease, and ulcerative colitis or Crohn's disease.

### CONCLUSION

Strongyloidiasis is a nematode infection with a tendency to become chronic with fatal complications of hyper infection syndrome and disseminated infection along with a host of other potential complications like gram-negative bacteremia and meningitis. As the infection is mostly chronic and asymptomatic, and there is no specific ideal test to diagnose the disease, it still tends to be a diagnostically elusive disease even in the present era.

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