A CASE REPORT OF MANSONELLOSIS WITH NEUROPSYCHIATRIC SYMPTOMS

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INTRODUCTION

According to the WHO, tropical diseases affect 1/5 of the world population, being increasingly frequent in Europe. Most of these diseases produce mainly physical symptoms, but the appearance of accompanying neuropsychiatric symptoms is not uncommon.

OBJECTIVE

To present a clinical case of mansonellosis with neuropsychiatric symptoms.

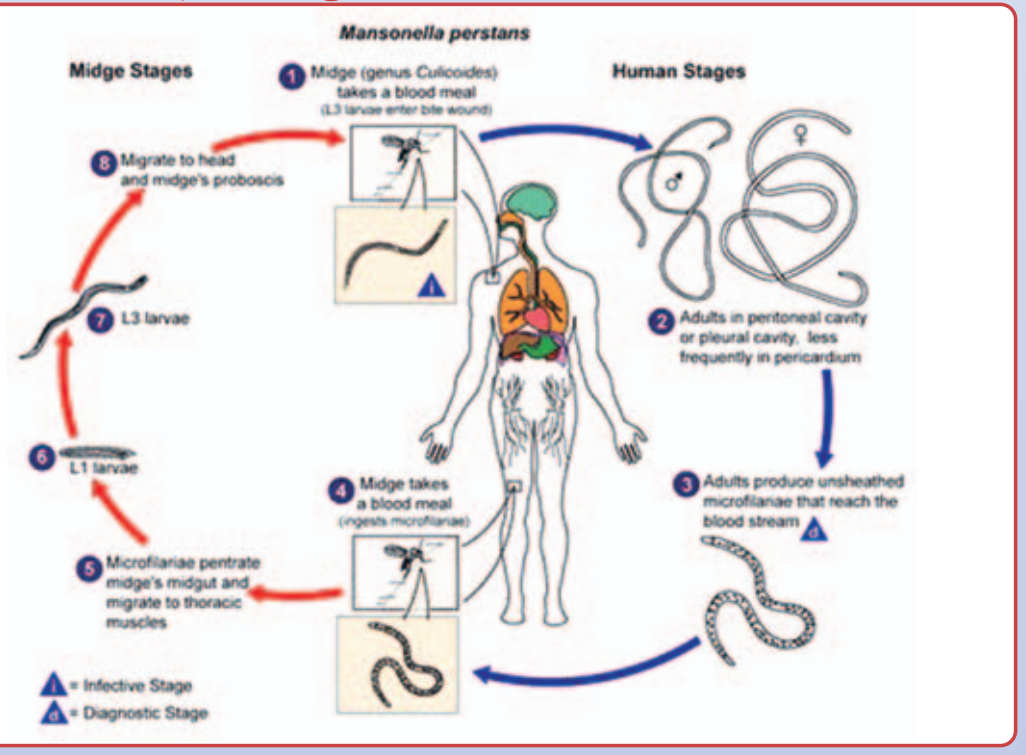
CLINICAL CASE

22-year-old man from Equatorial Guinea, resident in the European Union for 3 years without psychiatric history. His medical history included recurrent malaria, syphilis treated with penicillin and he was HBsAg carrier.

He presented with a 10-month history of headache, pruritus, retrograde amnesia, episodes of anxiety and persecutory delusions. Previously he had gone to the emergency room several times. Cranial CT scan showed no abnormalities. Anxiolytic treatment with benzodiazepines was started, with partial response of the symptoms.

The blood tests revealed a WBC count of 62 x10E9/L leukocytes with 11% eosinophils, IgE 5242 IU/ml and IgG 1740 mg/dl. Serology was RPR negative and TPHA+ 1/320. Given the suspicion of filarial infection, a thick blood film was done, the result being positive for *Mansonella perstans* (life cycle is showed in Figure 1). He was administered treatment with Albendazole 400 mg/12h for 10 days and Ivermectin in single dose. One month after start of treatment the patient was asymptomatic with complete resolution of the pruritus, the neuropsychiatric symptoms and correction of eosinophilia.

Figure 1: Life cycle of *Mansonella perstans*. Adult parasites live in deep connective tissue, releasing unsheathed microfilariae into the blood.



RESULTS

The patient's origin, his medical history and the typical symptoms of parasitosis should raise the suspicion of an infectious origin of the neuropsychiatric symptoms.

CONCLUSIONS

The patients from tropical regions with neurological and/or psychiatric symptoms should undergo comprehensive diagnostic workup to rule out an infectious disease as a possible cause.

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