Neuroparasitology and Tropical Neurology: Chapter 23. Paragonimiasis (Handbook of Clinical Neurology)

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Human paragonimiasis is caused by nine species of Paragonimus, namely, P. westermani, P. africanus, P. heterotremus, P. kellicotti, P. mexicanus, P. siamensis, P. skrjabini, P. skrjabini miyazakii, and P. uterobilateralis. Cerebral or spinal involvements are most common in P. westermani, and can also occur in P. skrjabini, P. skrjabini miyazakii, and P. mexicanus. In P. westermani, cerebral paragonimiasis comprises about 45% of all extrapulmonary paragonimiasis cases, and accounts for about 1% of all paragonimiasis patients. In cerebral paragonimiasis, seizure, headache, visual disturbance, and motor and sensory disturbances are the five major clinical symptoms. The most commonly performed diagnostic procedures for cerebral infections are serological tests to detect circulating antibodies or antigens using ELISA or immunoblotting, and radiological examinations, including plain skull x-rays, brain CT, and MR scans. The drug of choice is praziquantel at the dose of 25mg/kg three times daily for 2–3 days. In severe infections, a second set of treatment may be needed. Triclabendazole can be used in P. uterobilateralis, P. mexicanus, and P. skrjabini infections with the dose of 10mg/kg twice a day; however, its efficacy in P. westermani infection, in particular cerebral infections, remains to be elucidated.

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