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Recommendations of the Brazilian Society of Rheumatology

Recommendations from the Brazilian Society of Rheumatology on the diagnosis and treatment of intestinal parasitic infections in patients with autoimmune rheumatic disorders



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ABSTRACT

Intestinal parasites – helminths and protozoa – are cosmopolitan diseases which are most prevalent in tropical regions. Patients with diagnoses of autoimmune rheumatic diseases have, due to the underlying disease or its treatment, an increased risk of occurrence of severe manifestations of intestinal parasites. Although the prevalence of these parasitic infections is very high in our environment, not always is the rheumatologist attentive to the need for investigation and treatment of helminthiasis and protozooses before the use of immunomodulatory, immunosuppressive therapies, and of biological drugs that are modifiers of the course of the disease. In this document, the Brazilian Society of Rheumatology establishes general recommendations on the diagnosis and treatment of intestinal parasitic infections in Brazil in patients with autoimmune rheumatic diseases, highlighting rheumatoid arthritis, systemic lupus erythematosus and spondyloarthritis.

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Recomendações da Sociedade Brasileira de Reumatologia sobre diagnóstico e tratamento das parasitoses intestinais em pacientes com doenças reumáticas autoimunes

R E S U M O

Palavras-chave:

Enteropatias parasitárias

Diagnóstico

Terapêutica

Doenças autoimunes

Doenças reumáticas

As parasitoses intestinais – helmintíases e protozooses – são doenças cosmopolitas com maior prevalência em regiões tropicais. Pacientes com diagnóstico de doenças reumáticas autoimunes apresentam, em função da própria doença de base ou de seu tratamento, um maior risco de ocorrência de manifestações graves das parasitoses intestinais. Embora a prevalência dessas parasitoses seja bastante elevada em nosso meio, nem sempre o reumatologista está atento à necessidade de investigação e tratamento das helmintíases e protozooses antes do uso de terapias imunomoduladoras, imunossupressoras e dos medicamentos biológicos modificadores do curso da doença. Neste documento, a Sociedade Brasileira de Reumatologia estabelece recomendações gerais sobre o diagnóstico e tratamento das parasitoses intestinais no Brasil em pacientes com doenças reumáticas autoimunes, com destaque para a artrite reumatoide, o lúpus eritematoso sistêmico e as espondiloartrites.

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Introduction

Intestinal parasitic infections – helminthiasis and protozooses – are cosmopolitan diseases with more prevalence in tropical regions. Intestinal parasites more often found in humans are: *Ascaris lumbricoides*, *Trichuris trichiura* and ancylostomides: *Necator americanus* and *Ancylostoma duodenale*. Among the protozoa *Entamoeba histolytica* and *Giardia intestinalis* are highlighted.¹

Patients with diagnoses of autoimmune rheumatic diseases present, due to the underlying disease or its treatment, an increased risk for severe manifestations of intestinal parasites. Although the prevalence of these parasites is very high in our environment, not always is the rheumatologist aware of the need for search and treatment of helminthiasis and protozooses before the use of immunomodulatory, immunosuppressive therapies, and immunobiological medications. The non-recognition of these conditions can lead to serious consequences.

The Brazilian Society of Rheumatology (SBR) considered that it would be appropriate to make general recommendations on the diagnosis and treatment of intestinal parasitic infections in Brazil in patients with autoimmune rheumatic diseases, highlighting rheumatoid arthritis (RA), systemic lupus erythematosus (SLE) and spondyloarthritis (SA).

Objective

To provide a document that represents the opinion of experts based on literature review of aspects related to the management of intestinal parasites in Brazil in patients with autoimmune rheumatic diseases, identifying potential interference of this concurrence in the diagnosis and treatment of autoimmune diseases.

Method

The method for document preparation included a literature review, performed by rheumatology experts who are members of the SBR. Specialists from the Committee on RA, Committee on Endemic and Infectious Diseases, Committee on SLE, Committee on SA, and Committee of Epidemiology were invited, among others. A bibliographic survey included publications in MEDLINE, SciELO, PubMed and EMBASE databases up to February 2014. The recommendations were written and reassessed by all participants during multiple rounds of questions and corrections made via Internet.

This document is part of the SBR initiative to make recommendations on the diagnosis and treatment of endemic and epidemic diseases in Brazil in patients with autoimmune rheumatic diseases. In a previous document, recommendations were given on Chagas disease, syphilis, dengue, schistosomiasis, leishmaniasis and filariasis. The other selected endemic diseases will be addressed in separate documents.

General considerations on helminthiasis and protozooses

Helminthiasis and protozooses are diseases of spectral manifestation, ranging from asymptomatic cases to mild to severe forms. In the most common presentations, symptoms are nonspecific, such as anorexia, irritability, sleep disturbances, nausea, vomiting, abdominal pain, and diarrhea. Severe cases occur in patients with higher parasite load, and in immunocompromised and malnourished individuals.² The onset or exacerbation of malnutrition occurs through mucosal injury (*G. intestinalis*, *N. americanus*, *Strongyloides stercoralis*, coccidiosis), change of biliary salts metabolism (*G. intestinalis*), competition for food (*A. lumbricoides*), intestinal exsudation (*G. intestinalis*,

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