A-05: Abdominal symptoms and intestinal parasitoses: a case controlled study

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Patients, even adults, in most tropical countries, with chronic abdominal symptoms, are often treated with anti-protozoal and/or anthelmintic drugs, on the assumption that symptoms are due to intestinal parasitoses. The aim of this study was to find out whether such a course of action is justified in Sri Lanka, at the present time.

A case controlled study was conducted in a Medical out-patient clinic at the Teaching Hospital Peradeniya since October 1992. 37 adult patients [22 females, 15 males; mean age 44 years (range 18-72)] with abdominal symptoms (lower abdominal pain and/or diarrhoea) of at least one months duration, and 37 controls without any abdominal symptoms, who were matched with the patients for sex, age, race and social class, have so far been studied. None of them had any symptoms to suggest urinary tract or gynaecological problems and clinical examination was normal. A stool sample from each of them was examined by both a direct smear and a formol-ether concentration technique for evidence of intestinal parasitic infections. Where indicated, subsequent
investigations (including radiology and endoscopy) excluded other bowel pathology, especially inflammatory bowel disease and colonic neoplams.

Evidence of at least one pathogenic intestinal parasitic infection was found in 6 (16.3%) of the patients with abdominal symptoms and 7 (18.6%) of the controls (p=NS, Fishers exact test). All parasites detected were helminths, and although several non-pathogenic protozoa were detected, there were no pathogenic protozoa.

The early results show no significant difference between the prevalence of intestinal parasites in patients with or without abdominal complaints. However, the numbers studied to date are small and only one stool sample was obtained from each individual which may have reduced the chance of detection of protozoal infections. Nevertheless, our findings question the justification of blindly treating adults with chronic abdominal symptoms with anti-parasitic drugs.