Neuro Angiostrongyliasis

recommended reading list

Barrett, J., et al. Angiostrongylu cantonensis: a review of its distribution, molecular biology and clinical significance as a human pathogen. Parasitology 143(9): 1087-1118, 2106. **Extensive and comprehensive review of the literature, summarizes the knowledge of the parasite's life-cycle, molecular biology, clinical and epidemiological features and malacology.**

Chotmongkol V, Sawanyawisuth K, Thavornpitak Y. Corticosteroid treatment of eosinophilic meningitis. Clin Infect Dis 31:660-2, 2000. **Randomized, blinded, placebo controlled trial of prednisolone versus placebo in Thailand.**

Chotmongkol V, Kittimongkolma S, et al. Comparison of prednisone plus albendazole with prednisone alone for treatment of patients with eosinophilic meningitis. Am J Trop Med Hyg. 81:443-5, 2009. **Thai study of albendazole. Albendazole added to prednisone demonstrated no additional benefit, and showed no harm in mild disease. Several weaknesses in this study.**

Graeff-Teixera C, etal. Update on Eosinophilic meningoencephalitis and its clinical relevance. Clin Microbiol Rev; 22:322-48, 2009. **Review of principal infectious causes of EoM including A. cantonensis. Excellent review for differential diagnosis.**

Hochburg NS, Blackburn BG, Park SY, et al. Eosiniophilic meningitis attributable to Angiostrongylus cantonensis infection in Hawaii: clinical characteristics and potential exposures. Am J Trop Med Hyg. 85:685-90; 2011. **Retrospective study of 18 confirmed cases in Hawaii, Jan 2001-Feb 2005.**

Hwang KP, Chen ER. Larvicidal effect of albendazole against Angiostrongylus cantonensis in mice. Am J Trop Med Hyg. 39:191-5, 1988. **Animal model study (mice). Albendazole killing of worms in mice CNS was most effective if started within 7 to 10 days after L3 larval ingestion, but effectiveness decreased rapidly by 15 days post infection.**

Jitpimolmard S, Sawanyawisuth K, et al. Albendazole therapy for eosinophilic meningitis caused by Angiostrongylus cantonensis. Parasitol Res. 100:1293-6, 2007. **The only randomized, blinded trial of albendazole versus placebo. Albendazole showed a minimum benefit and did not appear to cause harm.**

Murphy GS, Johnson S. Clinical aspects of eosinophilic meningitis and meningoencephalitis caused by Angiostrongylus cantonensis, the rat lungworm. Hawaii J Med Pub Health. 72(6) Supp 2:35-40, 2013. **Concise and up to date review covering the main diagnosis and treatment issues, except that the experimental PCR mentioned, has now become a standard of practice (RTi PCR).**

Qvarnstrom Y, Xayavong M, da Silva ACA, Park SY, Whelen AC, et al. Real-time polymerase chain reaction detection of Angiostrongylus cantonensis DNA in cerebrospinal fluid from patients with eosinophilic meningitis. Am J Trop Med Hyg. 94:176-81; 2016. **Validation review of (realtime) RTi-PCR test of CSF.**

Slom TJ, Cortese MM, Gerber SI, et al. An outbreak of eosinophilic meningitis caused by Angiostrongylus cantonensisin travelers returning from the Caribbean. N Eng J Med. 346:668-75; 2002. **Commonly sited Case study of common source outbreak, includes epidemiology and clinical characteristics.**

Tsai HC, Liu YC, Kunin CM, et al. Eosinophilic meningitis caused by Angiostrongylus cantonensis associated with eating raw snails: correlation of brain magnetic resonance imagine scans with clinical findings. Am J Trop Med Hyg. 68:281-5, 2003. **Correlates MRI with clinical findings.**

Vitta A. Diagnosis of human angiostrongyliasis. Asian Biomed.6:141-50; 2012. **Thorough review of immunodiagnostic tests and their limitations.**

Wang QP, Lai DH, et al. Human angiostrongyliasis. Lancet Infect Dis. 8:621-30; 2008. **Extensive review, includes epidemiology, clinical characteristics, and summary table of clinical trials of steroids and albendazole.**

Wang, QP., et al. Human angiostrongyliasis: an update. Eur J Clin Microbiol Infect Dis 31:389-395. **Ultrastructural changes of the cuticle of A. cantonensis before and after moulting of L2/L3 and L3/L4.**

Yii CY. Clinical observations of eosinophilic meningitis and meningoencephalitis caused by Angiostrongylus cantonensis on Taiwan. Am J Trop Med Hyg. 25:233-49; 1976. **Description of symptoms and signs particularly in children.**