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THE ENLARGING CLINICAL SPECTRUM OF CNS GNATHOSTOMIASIS

E.Schmutzhard, F.Gerstenbrand, P.Boongird\*, A.Vejjajiva\*,  
Department of Neurology, University Hospital Innsbruck,  
Austria; \*Division of Neurology, Faculty of Medicine, Rama-  
thibodi Hospital, Mahidol University, Bangkok, Thailand.

Although some cases have been reported from India, Malay-  
sia and Vietnam, Gnathostomiasis is commonest in Thai-  
land. Man is infected by eating inadequately processed  
or undercooked fish, particularly of the species *Ophi-  
cephalus striatus*, containing the third-stage larva of  
*Gnathostoma spinigerum* which is not fully adapted to  
man and in whom it migrates through tissues. Punyagupta,  
Vejjajiva and Boongiro et al defined the neurological  
spectrum of signs and symptoms of Gnathostomiasis.  
Radiculomyelitis, transverse myelitis, subarachnoid hae-  
morrhage and, in rare instances, encephalitis represen-  
ted the predominant clinical syndromes.

During the 6 year-period - January 1980 through December  
1985 - thirty nine patients suffering from CNS Gnathos-  
tomiasis were admitted to the Division of Neurology, Ra-  
mathibodi Hospital, Thailand. The diagnoses were estab-  
lished either clinically, according to the criteria gi-  
ven by Boongird et al (1977) and - from 1984 on - con-  
firmed serologically by means of Elisa-technique. Beside  
the neurological signs and symptoms, described above,  
intracerebral hemorrhage and transitory obstructive hy-  
drocephalus could be observed. These two conditions were  
proved by computerized tomography of the brain and the  
Elisa of these patients were highly suggestive for Gna-  
thostomiasis. Eosinophilic pleocytosis in the cerebro-  
spinal fluid supported strongly the diagnoses. Thus it  
is suggested to enlarge the spectrum of signs and symp-  
toms of CNS Gnathostomiasis and to include transitory  
hydrocephalus occlusus and intracerebral hemorrhage into  
this spectrum.

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Boongird, P. (1979) *J.Neurol.Sci.*, 31, 279-291