Dear Editor,

This journal has recently published an article by Canaval-Zuleta et al. dealing with the effectiveness of endoscopy in the diagnosis and treatment of *Taenia saginata* (1). I consider it as essential to disabuse the authors, who have provided some misinformation in their article.

1. The authors pointed out about taeniasis the following: “The primary risk factors for infection being the ingestion of undercooked or raw contaminated meat and poor hygienic habits”. To acquire taeniasis humans have to ingest the larval stage, i.e. the *Cysticercus* that lives in pigs or cattle. Therefore, humans become infected only when eating raw or undercooked pork and/or beef. Poor hygienic habits are not related to taeniasis but to cysticercosis.

2. The authors state that taeniasis causes “high mortality”. However, on the contrary, it is well known that taeniasis is an asymptomatic or subclinical parasitation (http://www.who.int/mediacentre/factsheets/fs376/en/). Maybe, the authors wanted to refer to neurocysticercosis, instead of taeniasis, that can cause up to 50,000 deaths annually (2).

3. The authors indicate about taeniasis that “traditionally its diagnosis results from the identification of parasites in the stools, with serological and immunological approaches being more recently available”. Immunological approaches (that include serological techniques) have been available for decades (3). The latest techniques are the molecular ones, being 100% specific and also developed more than 10 years ago (4).

4. Regarding the effectiveness of endoscopy, it has already been published that it is a sensitive technique, but it lacks specificity (5). Therefore, and contrary to what is said in the title, endoscopy is a diagnostic technique for taeniasis not for *T. saginata*, since, subsequently, another specific technique is required to find out the species causing parasitation.

5. The histological sections partially shown in the figure 2 of the article do not allow any species identification. In addition, *T. asiatica* has the same gravid proglottid morphology as *T. saginata*.

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### References


