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Letters to the Editor

About human taeniasis and *Taenia saginata* diagnosis by endoscopy

Key words: Human taeniasis. *Taenia saginata.* Diagnosis. Endoscopy.

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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

1. Canaval-Zuleta HJ, Company-Campins MM, Dolz-Abadía C. Endoscopy as an alternative diagnostic and therapeutic technique for Taenia saginata. Rev Esp Enferm Dig 2016;108(6):371-6. DOI: 10.17235/reed.2015.3585/2014
2. Mafojane NA, Appleton CC, Krecek RC, et al. The current status of neurocysticercosis in Eastern and Southern Africa. Acta Trop 2003;87:25-33. DOI: 10.1016/S0001-706X(03)00052-4
3. Deckers N, Dorny P. Immunodiagnosis of Taenia solium taeniosis/cisticercosis. Trends Parasitol 2010;26:137-44. DOI: 10.1016/j.pt.2009.12.008
4. Yamasaki H, Allan JC, Sato MO, et al. DNA differential diagnosis of taeniasis and cysticercosis by multiplex PCR. J Clin Microbiol 2004;42:548-53. DOI: 10.1128/JCM.42.2.548-553.2004
5. Galán-Puchades MT, Fuentes M. On the diagnosis of human taeniasis by endoscopy. GIE 2010;72:903. DOI: 10.1016/j.gie.2010.02.006