

Letters to the Editor

Author's reply: About human taeniasis and *Taenia saginata* diagnosis by endoscopy

Key words: Taeniosis. Endoscopy.

DOI: 10.17235/reed.2016.4339/2016

Dear Editor,

We have published an article about the role of endoscopy in taeniosis (1). I will try to clarify some doubts and misunderstandings, in addition, Galán-Puchades suggests (2):

The diagnosis of *T. saginata* was confirmed by immunological techniques by the Department of Pathology.

Diagnostic effectiveness by endoscopy is high and evident. This information has been known for a long time, even before the article by Galán Puchades in 2012 (2) where a taeniasis diagnosed previously by Akarsu was described (3). In fact, the first report was in 1981 by Descombes; which was removed orally via endoscopy (4). Tapeworms can be diagnosed by endoscopy, but it is not possible to differentiate between the different tapeworms. There is a potential risk of self-infection with *T. solium* eggs if it is removed orally, with a risk of cysticercosis. So, our recommendation is to extract only the head and not the whole parasite.

Taeniasis was identified a long time ago. Greek and Egyptian cultures wrote about it (5); thus when we say "recently available" serological and immunological approaches by diagnosis; we are not referring to "last month" or "last year", but rather

5 or 10 years or even 2000 years since the disease was first described.

Intestinal taeniasis is produced by ingestion of the larva in meat while *cysticercosis* is caused by the eggs of *T. solium*. In our introduction, we discuss the main "risk factors" both for taeniasis as well as neurocysticercosis such as ingestion of undercooked or raw meat "contaminated" with tapeworm cysts, poor hygiene and sanitation.

Most cases of taeniosis have few symptoms, however there are many reported cases with important morbimortality if not treated promptly such as cholecystitis, biliary peritonitis, pancreatitis, cholangitis, Meckel diverticulitis, ruptured liver abscess, appendicitis, vaginal bleeding and intestinal obstruction (1).

Héctor Julián Canaval-Zuleta

Department of Digestive Diseases. Hospital Son Llatzer. Palma de Mallorca, Spain

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. Galán Puchades MT. About human taeniasis and *Taenia saginata* diagnosis by endoscopy. Rev Esp Enferm Dig 2016;108(10):684. DOI: 10.17235/reed.2016.4297/2016.
3. Akarsu M, Akpinar H. Jejunal and ileal thickening caused by *Taenia saginata* diagnosed by double-balloon endoscopy(with video). Gastrointest Endosc 2010;71:184-5. DOI: 10.1016/j.gie.2009.07.036.
4. Descombes P, Dupas JL, Capron JP. Endoscopic discovery and capture of *Taenia saginata*. Endoscopy 1981;13:44-5. DOI: 10.1055/s-2007-1021642
5. Larralde C, de Aluja AS. Cisticercosis. Guía para profesionales de la salud. Capítulo III. Epidemiología. Notas de la historia. Ana Flisser. México: FCE, Secretaría de Salud, Instituto Nacional de Salud Pública, Fundación Mexicana para la Salud, 2006. Colec. Biblioteca de la Salud ISBN 968-16-8138-X. p. 87.