

La maladie du Renard Wallon !

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Prevalence of *Echinococcus multilocularis* in the red fox (*Vulpes vulpes*) in southern Belgium

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Abstract

Between June 1998 and February 2002, 709 red foxes killed in Wallonia (south of Belgium) were available for parasitological examination of the gut. The identification of *Echinococcus multilocularis* was based on morphological data. *E. multilocularis* adults were observed in 20.2% of the animals. The analysis of data revealed marked differences between the geological areas of Wallonia; the highest prevalence (33%) was found in the Ardenne and the lowest (0%) on the Plateau de Herve.

Host gender and the collection season had no effect on the prevalence. However, the latter was significantly higher in juveniles (<8 months of age). The geographical distribution of *E. multilocularis* in Belgium is much wider than originally thought.

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Echinococcus multilocularis in Belgium: Prevalence in red foxes (*Vulpes vulpes*) and in different species of potential intermediate hosts

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Abstract

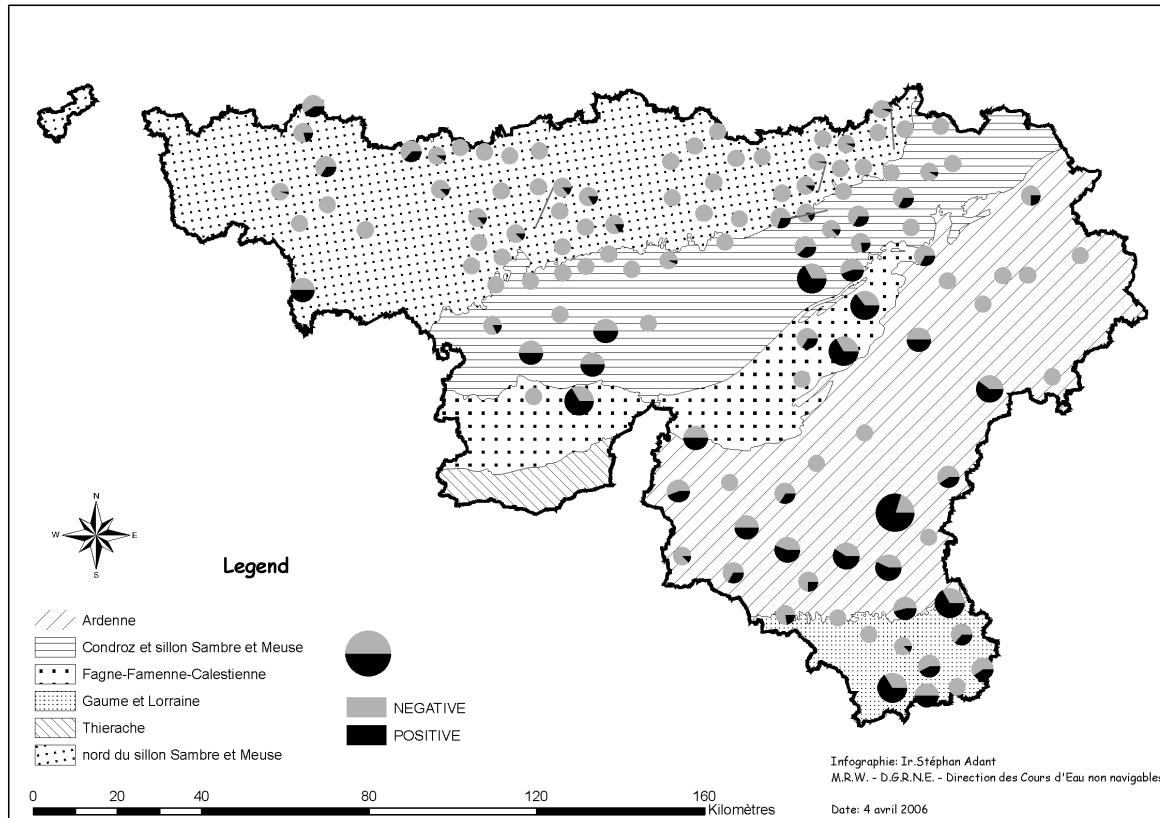
Echinococcus multilocularis causes a rare but potentially lethal zoonotic infection in humans. This tapeworm is known to be endemic in foxes in several countries of Western and Central Europe. In Western Europe, the common vole (*Microtus arvalis*) and the water vole (*Arvicola terrestris*) are considered to be the most important intermediate host species of this cestode whereas the red fox is by far the most important final host. The purpose of this study was to provide data on the prevalences in Wallonia (Southern part of Belgium) both in the red fox and in different potential intermediate hosts.

A total of 990 red foxes were examined between January 2003 and December 2004 for the presence of *E. multilocularis*. The average prevalence was 24.55% (22.38–27.87). Out of 1249 rodents or insectivores belonging to the species *Apodemus sylvaticus*, *Arvicola terrestris*, *Clethrionomys glareolus*, *Microtus arvalis*, *Microtus agrestis* and *Sorex araneus*, only one *M. arvalis* (out of 914–0.11% (0.003–0.61) and one *C. glareolus* (out of 23–4.3% (0.1–21.9) were found to be infected. However, the muskrat (*Ondatra zibethicus*) seems to be a good intermediate host as 11.18% (9.72–12.76) of the animals ($n = 1718$) were found to be infected. A positive correlation was found between the prevalences in foxes and in muskrats in each of the different geological regions. This study indicates that the muskrat is highly sensitive to this zoonotic tapeworm and could perhaps represent a good bioindicator when studying the epidemiology of this parasitic infection in Belgium and in other countries where the muskrat is present.

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Keywords: *Echinococcus multilocularis*; Red fox; Muskrat; Rodents; Belgium; Epidemiology

Fig : Prévalence de l'échinococcose alvéolaire chez le renard en Wallonie (2003-2004). Le diamètre des point est proportionnel à la taille de l'échantillon des animaux récolté par région.





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Echinococcus multilocularis (Cestoda, Taeniidae) in Red foxes (*Vulpes vulpes*) in northern Belgium

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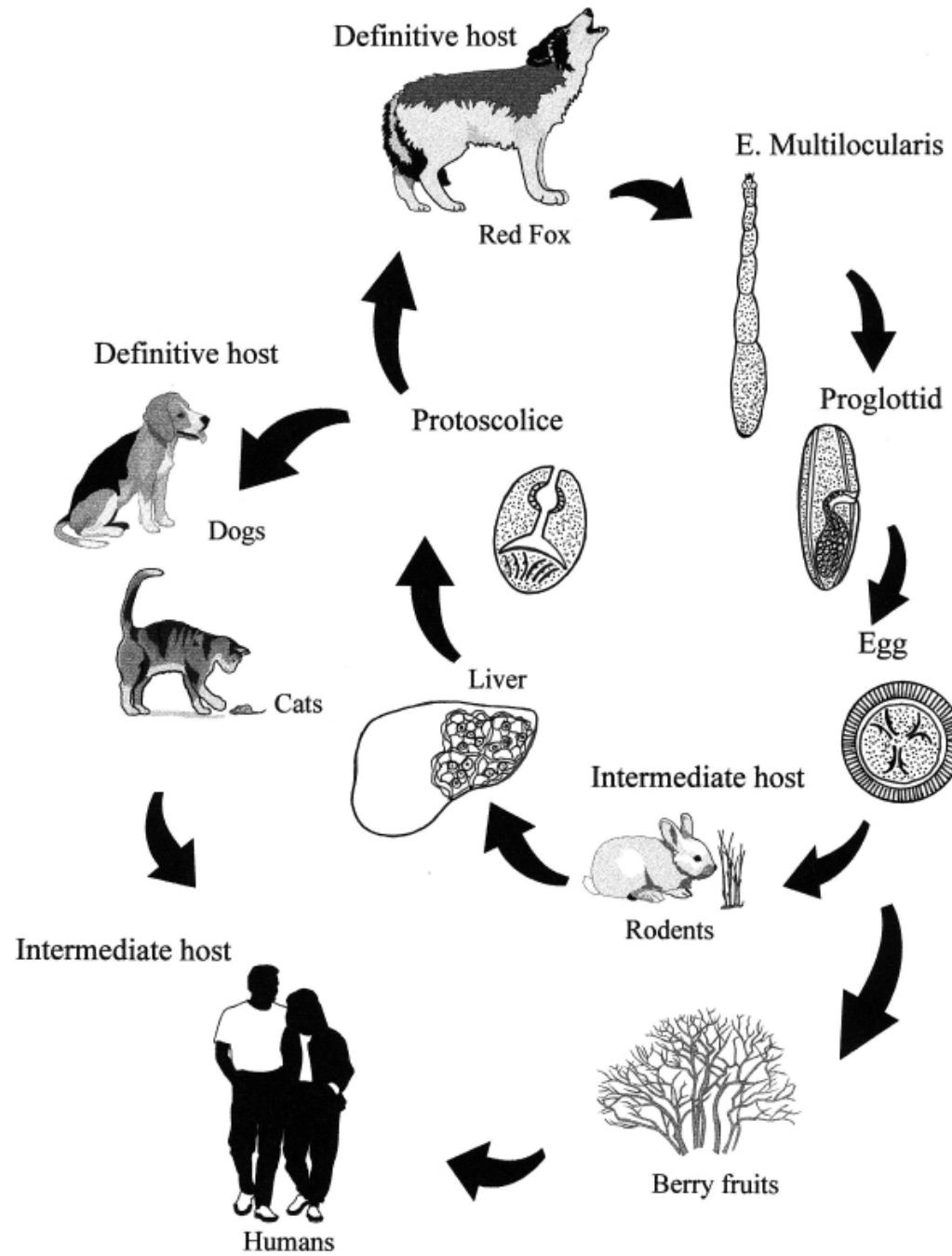
^c Institute for Forestry and Game Management, Gaverstraat 4, B-9500 Geraardsbergen, Belgium

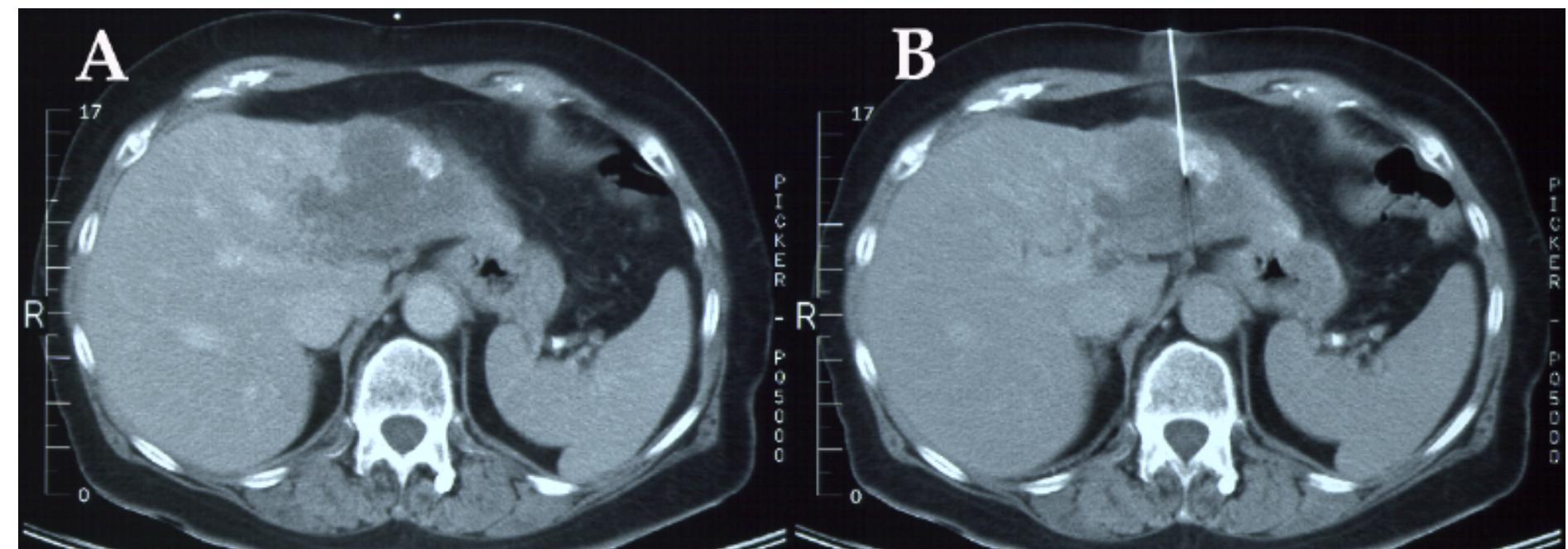
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Abstract

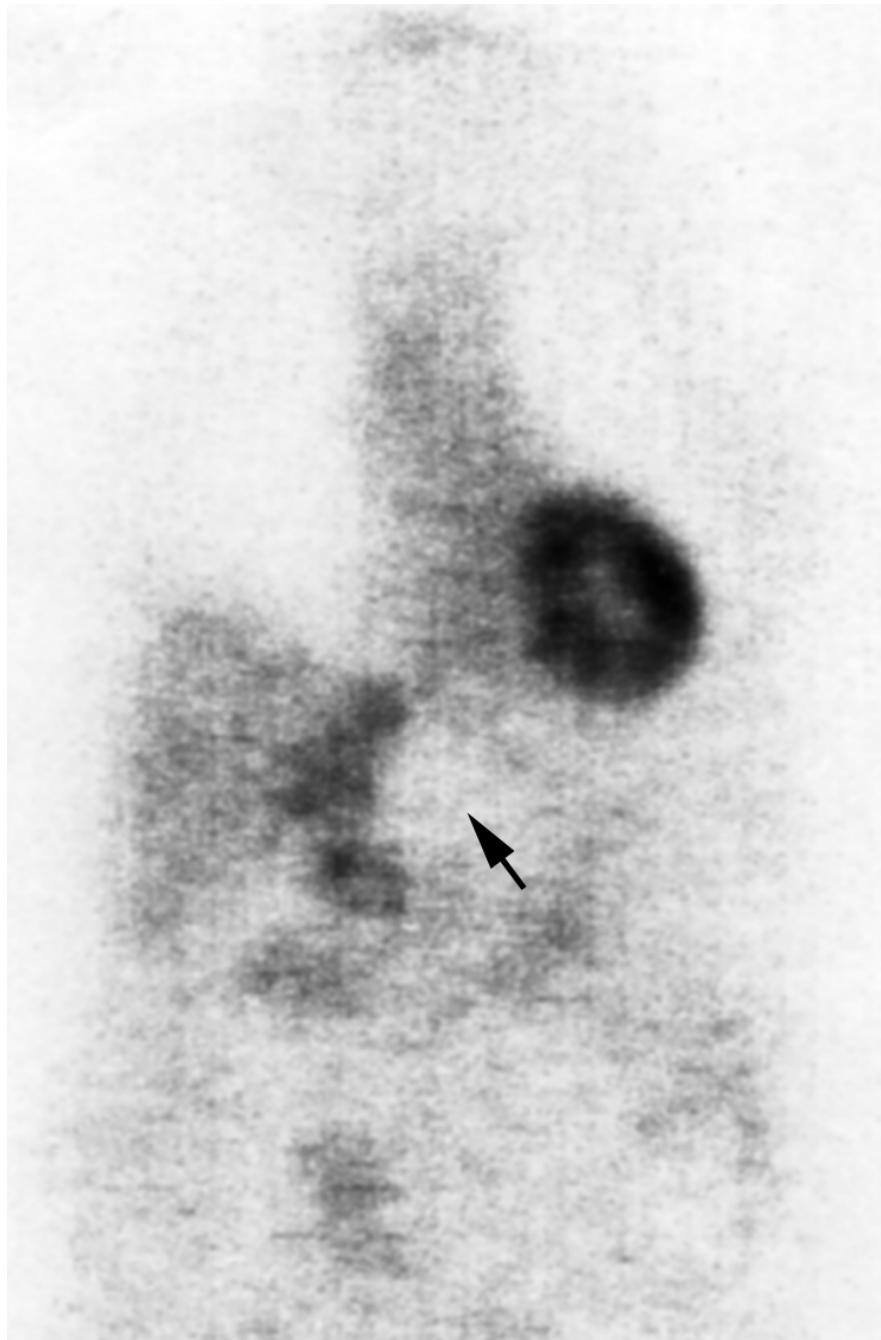
The first record of the tapeworm *Echinococcus multilocularis* (Cestoda, Taeniidae) in Red foxes (*Vulpes vulpes*) in northern Belgium is described. Between 1996 and 1999, 237 dead foxes were examined for the presence of this tapeworm using the intestinal scraping technique. Four foxes (1.7%) were found to be infected with *E. multilocularis* and showed medium to very high parasitic burdens. Three infected foxes originated from the south of the study area and the fourth animal came from the north of the study area near the border with The Netherlands. These findings are discussed in relation to the high endemicity of *E. multilocularis* in southern Belgium and to the increased distribution of the Red fox (*V. vulpes*) in northern Belgium during the last two decades.
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Keywords: *Echinococcus multilocularis*; *Vulpes vulpes*; Alveolar echinococcosis; Epidemiology; Belgium

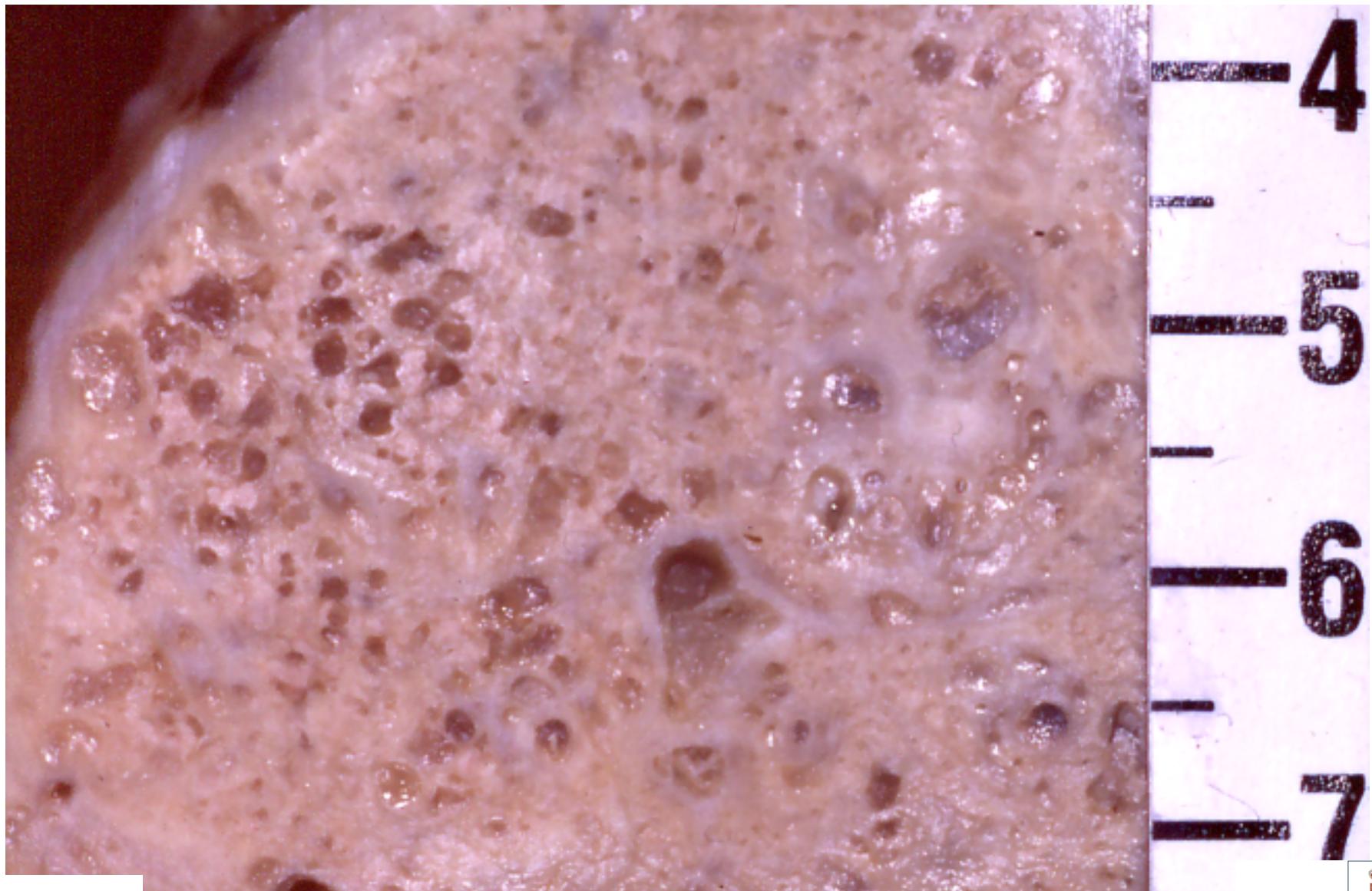




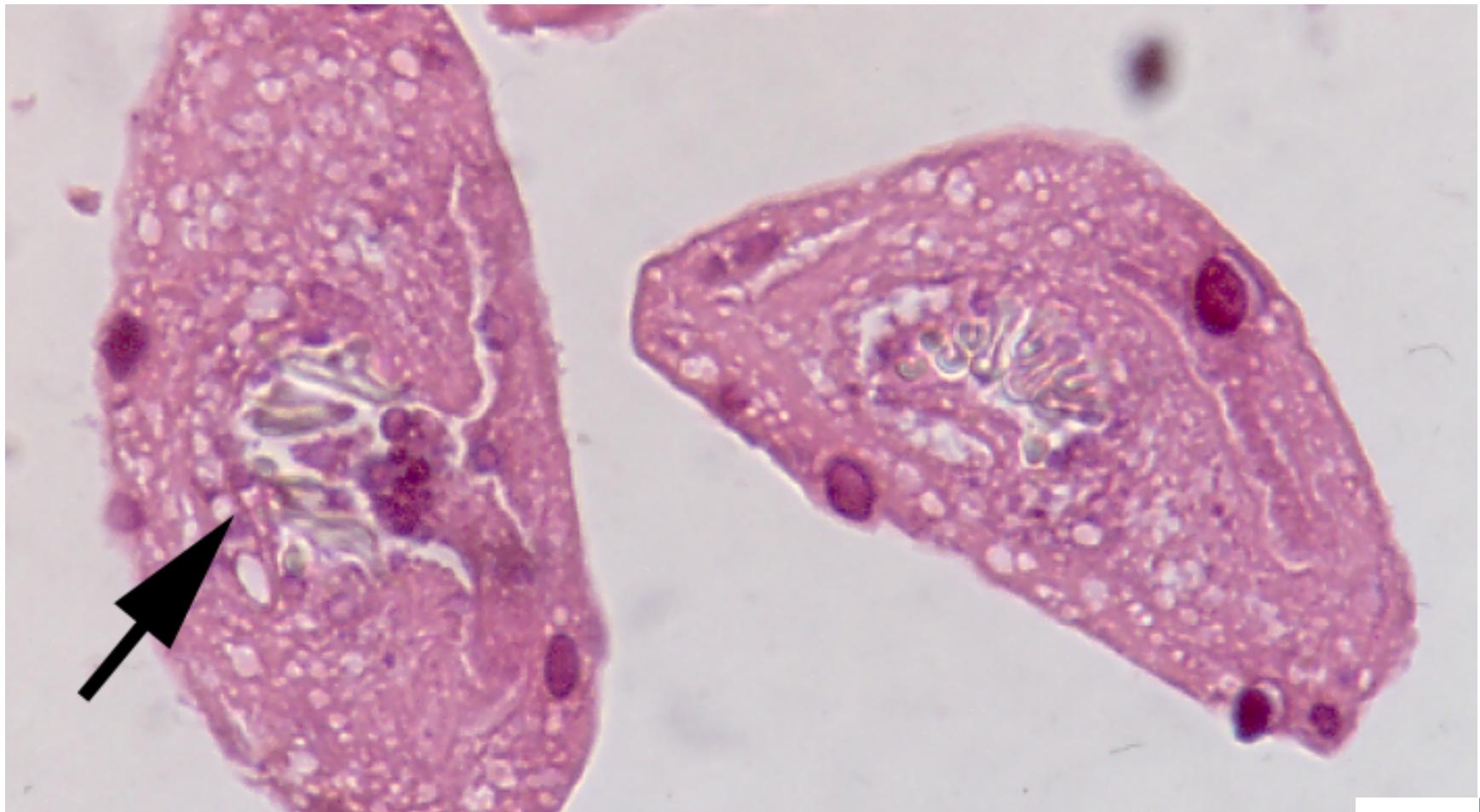


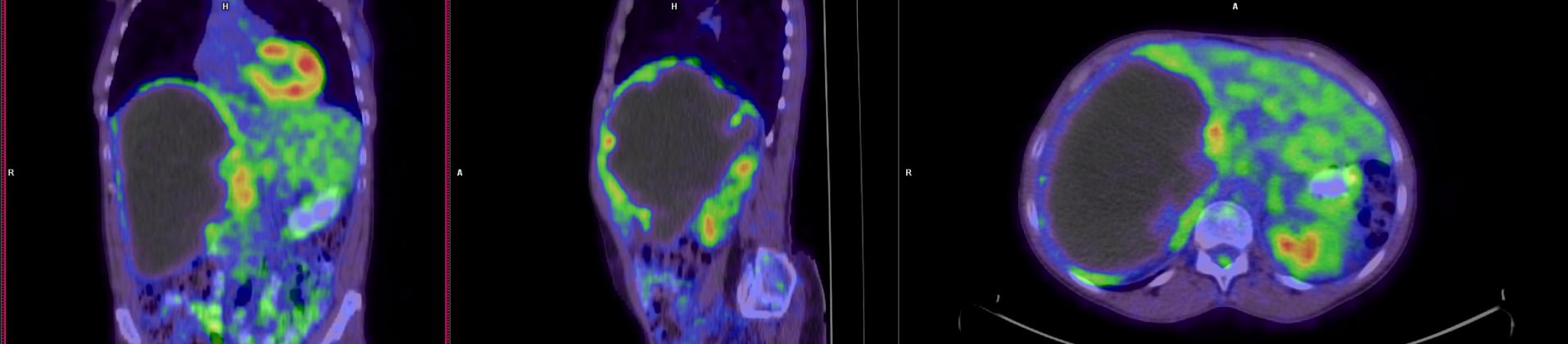
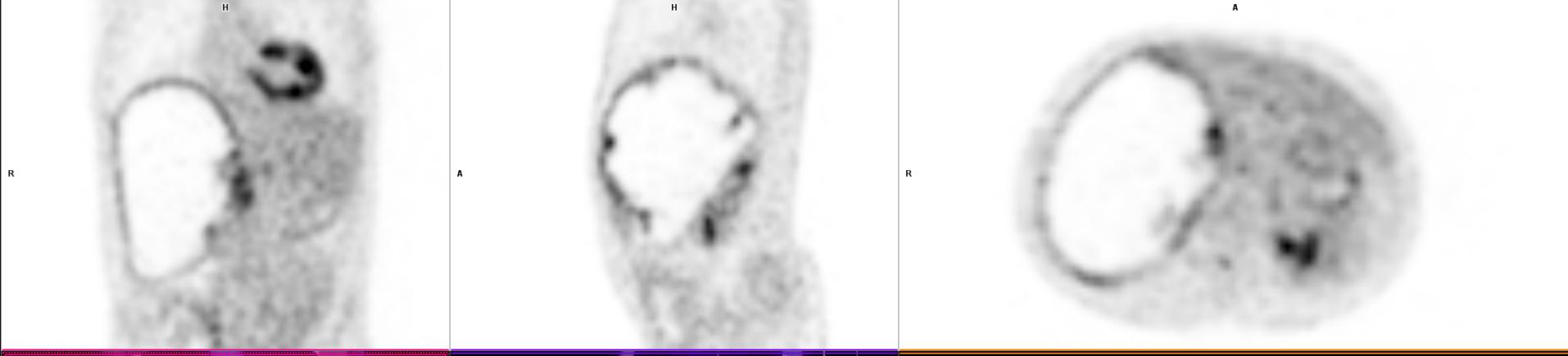
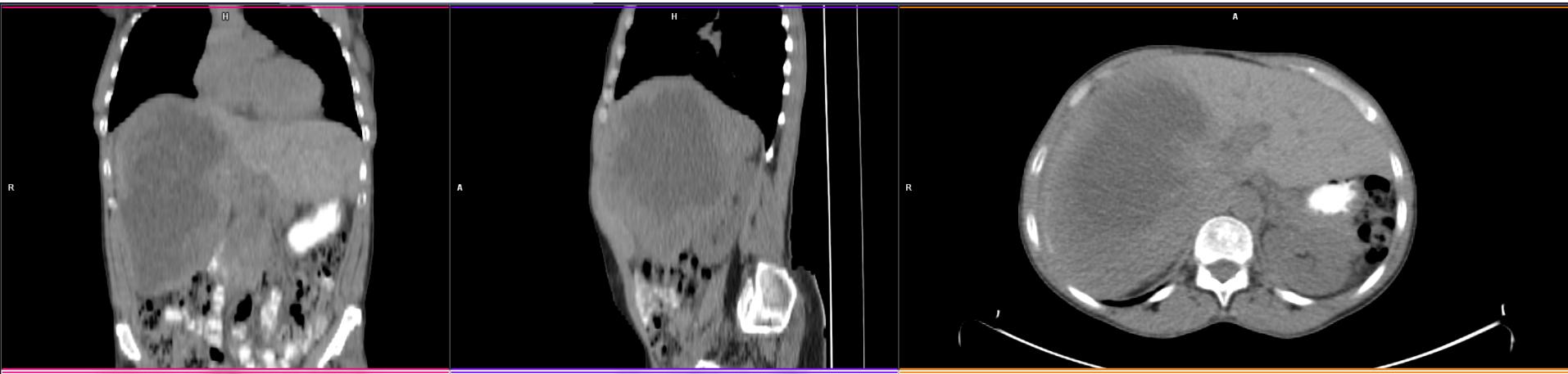






Echinococcose alvéolaire





Série CHU Liège

- 21 patients (14H, 7F)
- Age moyen: 66 ans (35-85)



Prise en charge

- 7 palliatifs sans chirurgie hépatique
- 1 palliative avec cirrhose et hépatectomie pour HCC
- Hépatectomie droite: 7
- Hépatectomie gauche: 5
- Hépatectomie à la demande: 1

CLINIQUE

- Incidentalome ou Σ aspécifiques (fatigue, perte de poids, hepatomégalie): 1/3
- Ictère: 1/3
- Épigastralgies: 1/3
- Rare: Σ spécifiques localisation extra-hépatique

Biologie

- VS ↑/ hypergammaglobulinémie
- Leucopénie/thrombopénie: stt si splénoM
- Lymphopénie: stade avancé
- Hyperéosinophilie: rare
- IgE anti-*Echinococcus multilocularis* (1/2)
- Cholestase

IMAGERIE

- Echographie abdominale
 - Masses hypodenses hétérogènes irrégulières
 - Svt sans paroi
 - Nécrose centrale fréquente
 - Calcifications
 - Parfois hémangiome-Like au début
- Scanner
- Discordance possible entre scan et écho
- IRM
 - Images typiques en rayons de miel
 - Meilleure définition anatomique
 - Calcifications peu visibles
- (Cholangiographie IV, rétrograde ou percutanée)/ C-IRM
- Pct° percutanée + PCR
 - sensibilité ?
 - risque de dissémination
- PET
 - Évaluation activité/viabilité
- Bilan extension poumon/SNC recommandé

ANTI-PARASITAIRES

- Benzimidazoles
 - Albendazole (Zentel)
 - 10-15 mg/kg/j en 2 doses avec repas (400mg bid)
 - 0,65-3 umol/l (4h après prise; à 4 et 12 sem)
 - Mebendazole (Vermox)
 - 40-50 mg/kg/j en 3 doses avec repas (max 6g/j)
 - > 250 nmol/l (74 ng/l) (4h après la prise; à 4 sem)
 - Attention posologie si insuffisance hépatique (monitoring)
- Amphotericine: sauvetage
- Praziquantel: pas pour EA
- Parasitostatique (rarement parasiticide)
- ES: troubles digestifs, perte cheveux, symptômes neuro (vertiges, céphalées), leucopénie, hépatotox
- Au moins deux ans
- Fonds de solidarité

Arrêt antiP si pas de chirurgie?

- A envisager si:
 - Au moins deux ans Tt
 - Négativation sérologie
 - Calcifications > 50%
 - PET scan négatif
- Suivi post-arrêt!

SUIVI

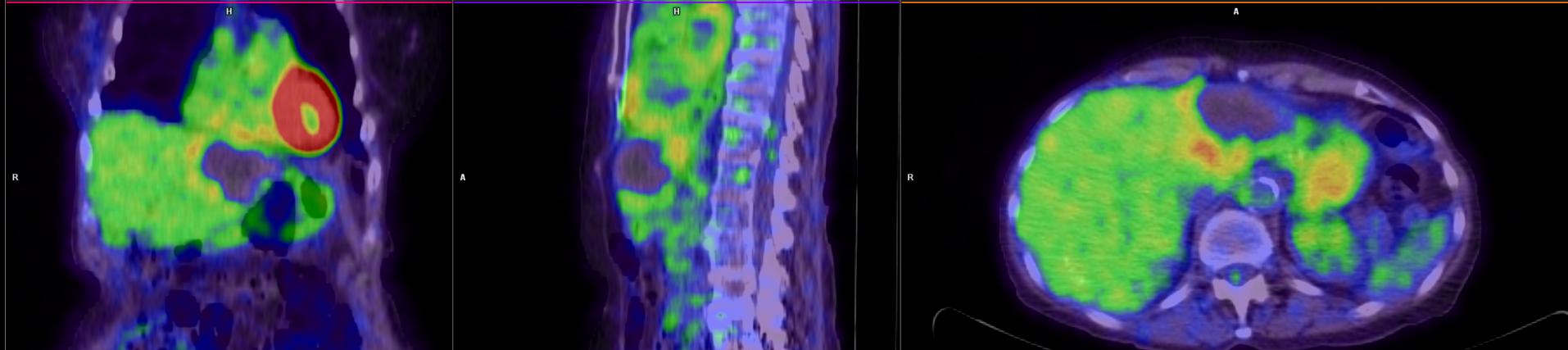
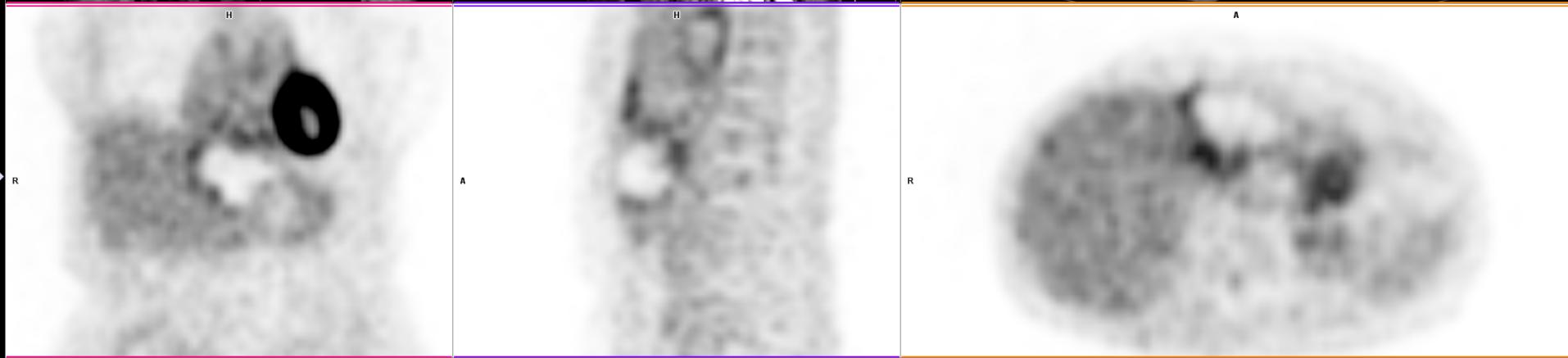
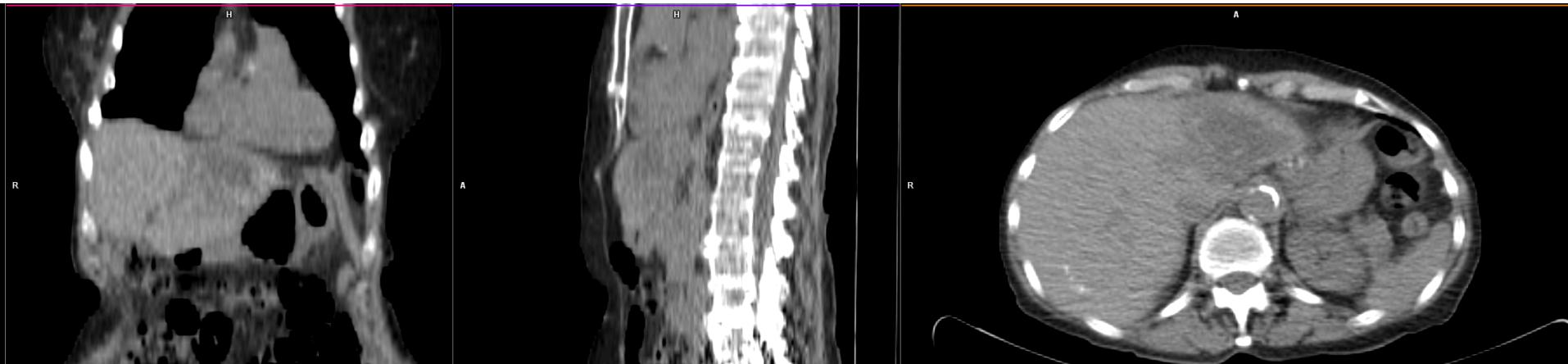
- Trois premiers mois
 - Suivi clin rapproché (mensuel?)
 - Hémogramme/15jours
- Ensuite bio/mois 1ère année puis bio/3mois
 - Hémogramme
 - Transaminases
- Monitoring BMZ
- Consultation tous les 6-12 mois sous TT
- Suivi au moins 10 ans post arrêt traitement

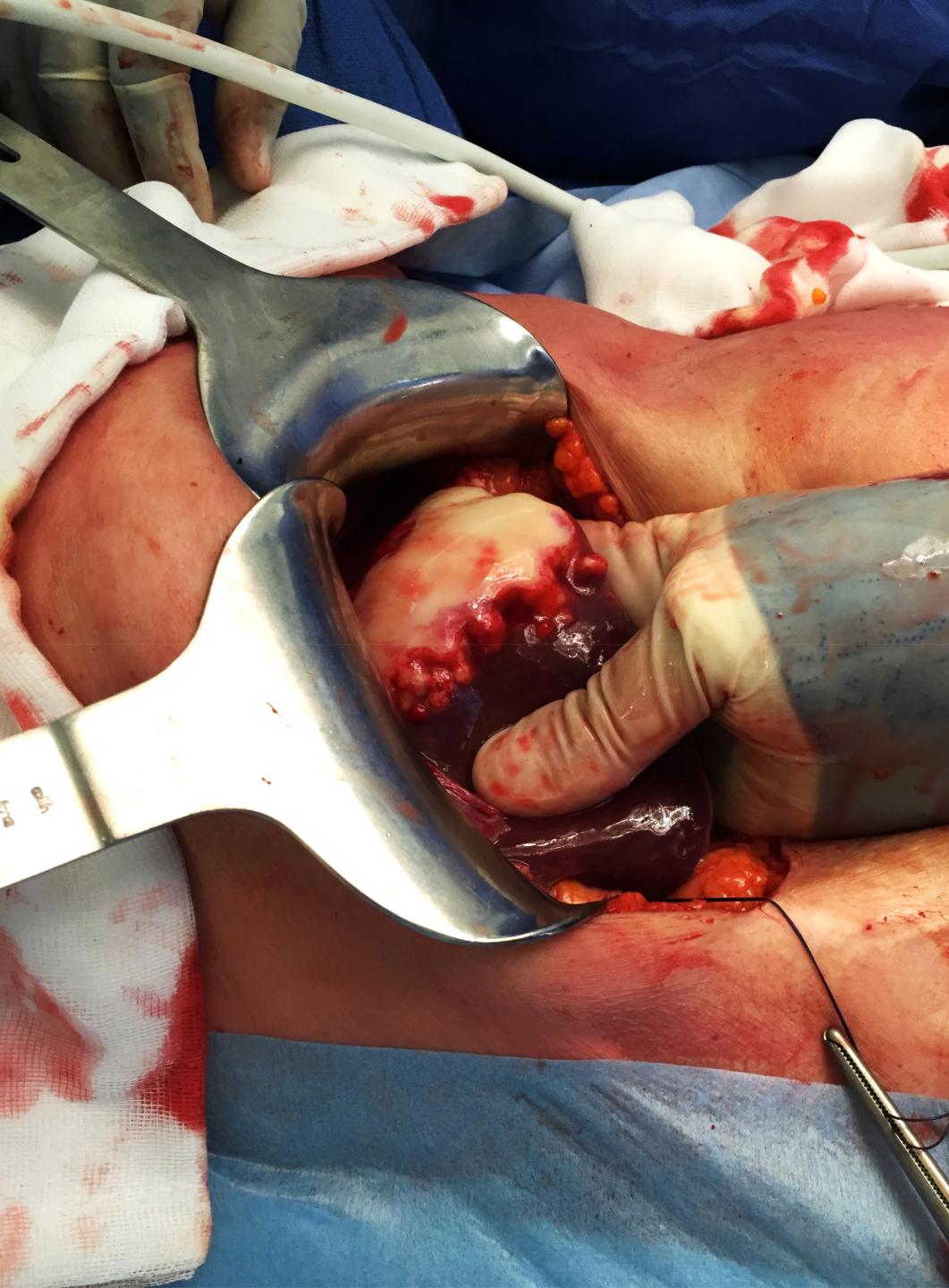
PREVENTION & SCREENING

- Traitement “sylvatique” praziquantel
- Traitement chats/chiens en zones endémiques
- Traitement chats/chiens “prédateurs”
- Mesures protection professions à risque
- Dépistage populations à risque
 - Sérologie
 - Echographie
- Laver/bouillir aliments possiblement contaminés
- Informations

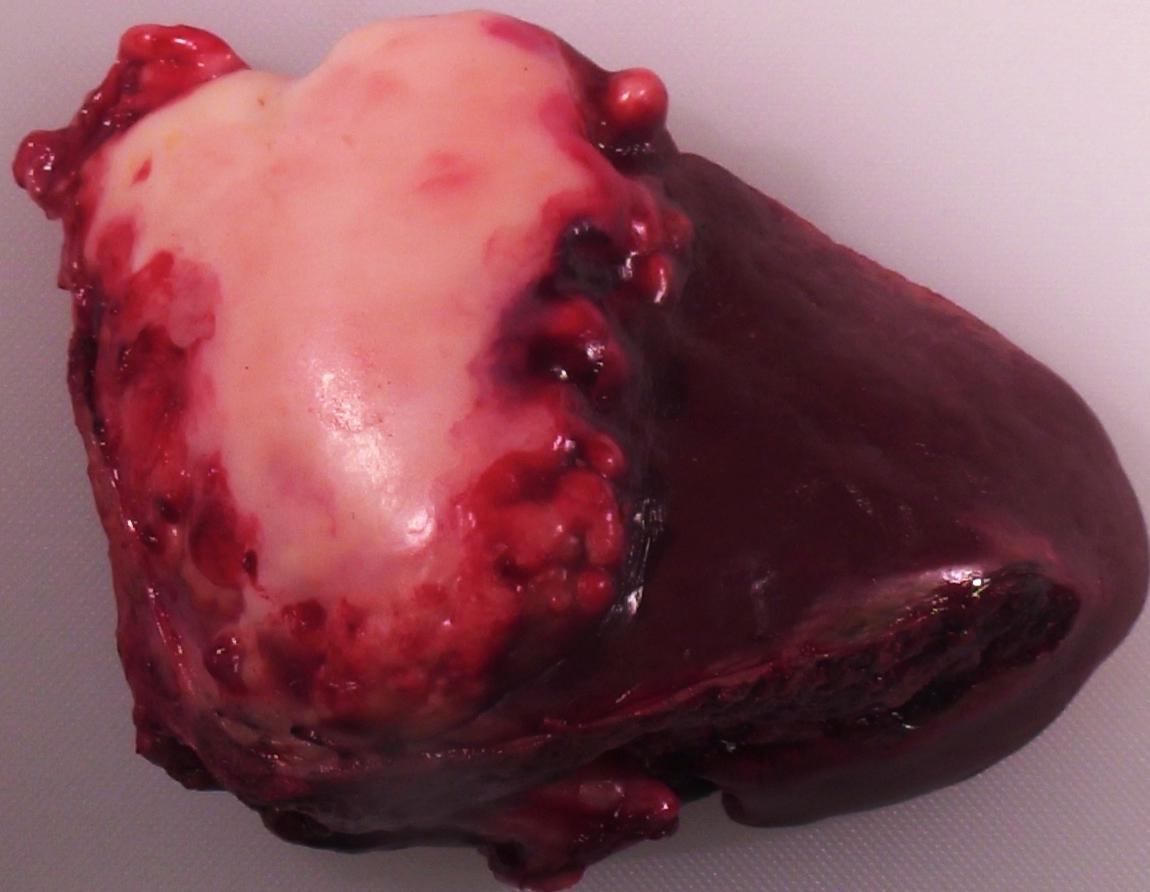
Prise en charge multidisciplinaire

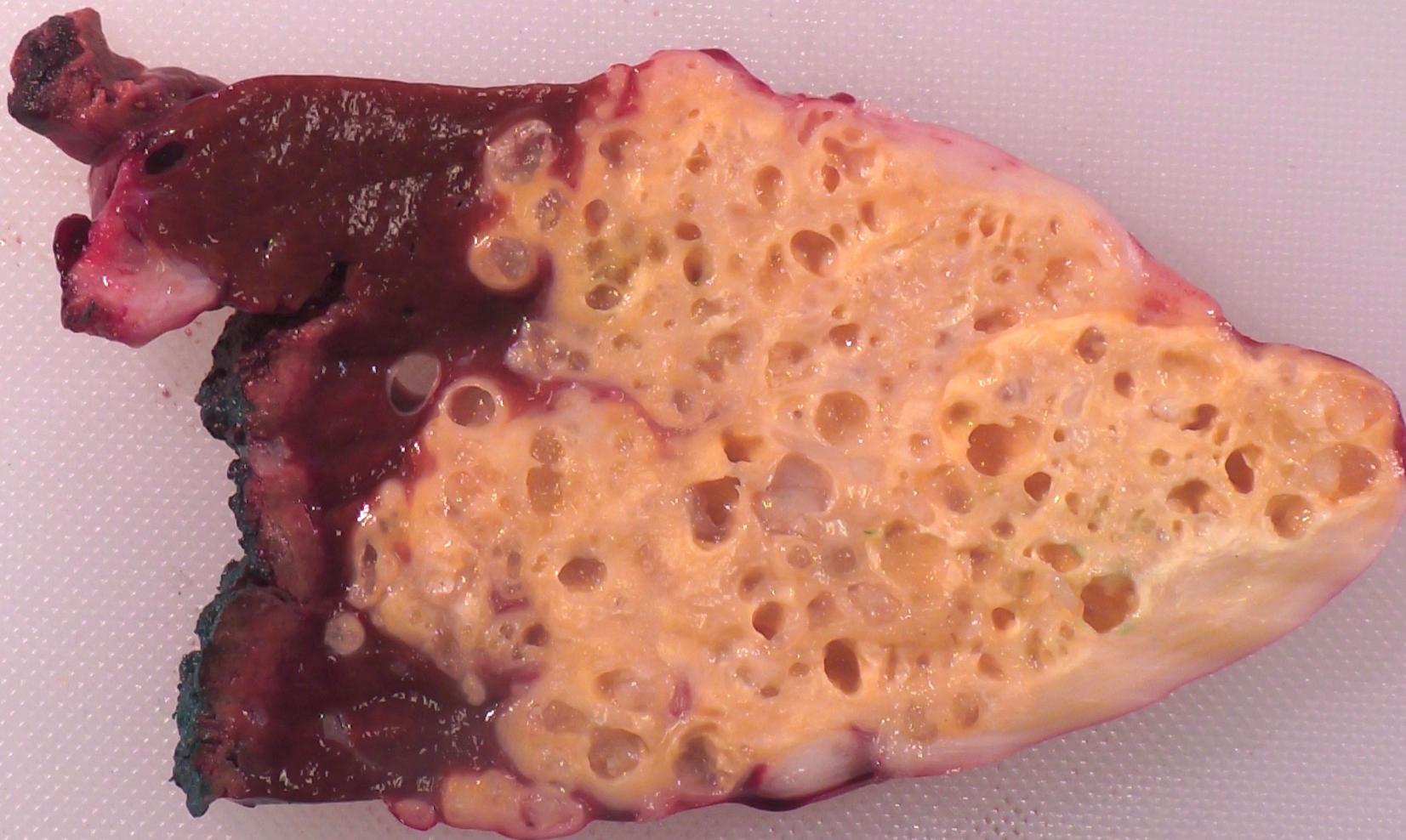
- Infectiologie
- Hépatologie
- Microbiologie
- Imagerie médicale
- Chirurgie
- Anatomopathologie
- Médecine vétérinaire



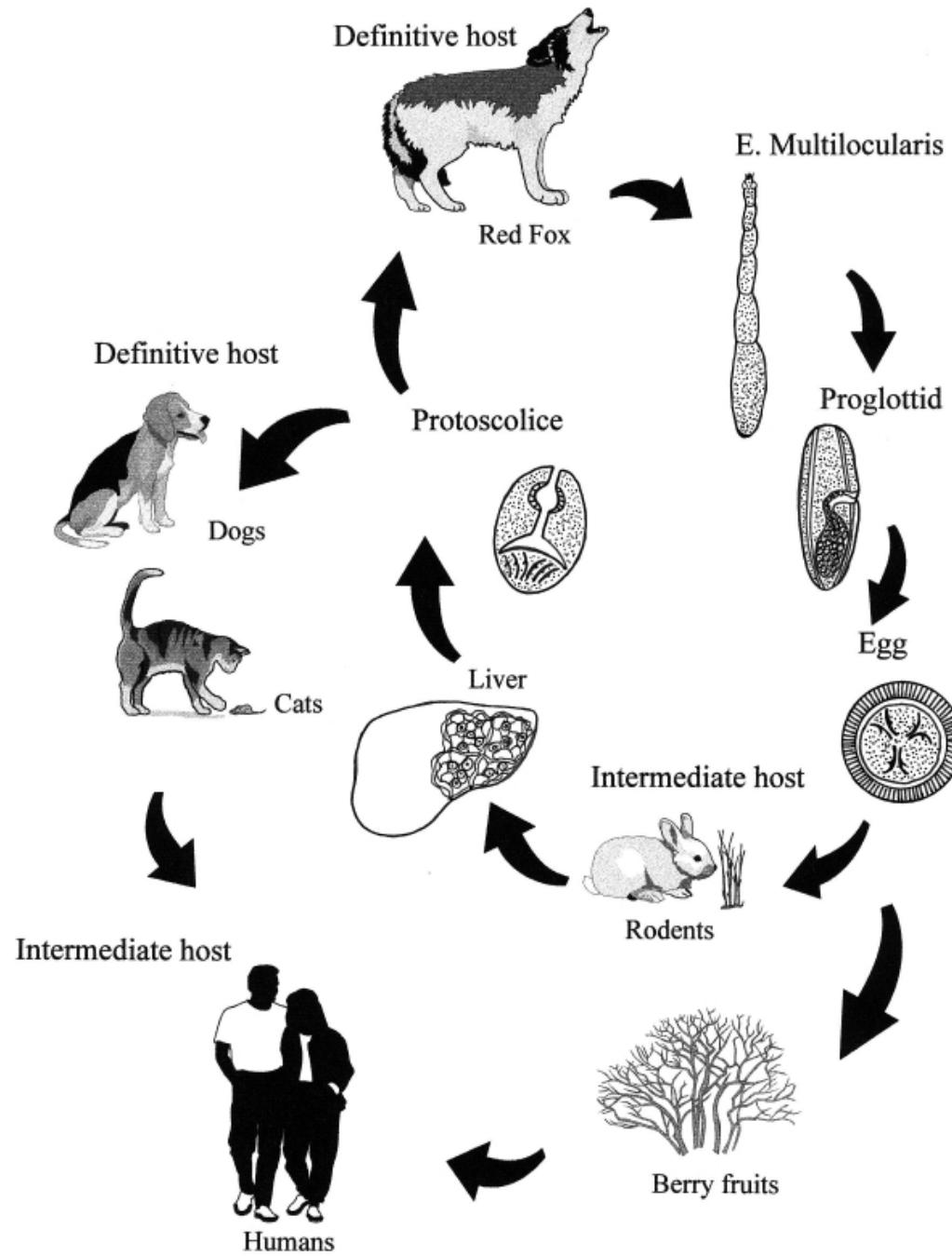












Conclusions

- Plus grande série belge
- Equipe multidisciplinaire
- Collaboration Fac Med Vétérinaire
- Centre Liégeois?? Groupe Liégeois??
- Quelles échinococcoses?
- Site Internet www.ecchinococcosis.be
- Publications
- Financement