

Elephantiasis in a Young Patient



Lázaro Robaina Ruíz^{1*} and Alan Robaina Machado²

Department of the Hospital of specialties of Guayaquil, South America

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*Corresponding author: Lázaro RobainaRuíz, Specialist in Traumatology and Orthopedics, Head of the traumatology department of the Hospital of specialties of Guayaquil, South America, Email: lazaro_robaina@yahoo.es

Case Report

E.M.R, aged 38, mestizo, disabled and wheel chair-dependent for mobility, a street vendor, lives on street vending and alms sales he receives on the street, refers to having a family, but does not offer information and refuses to give information about it.

About a Case

E.M.R, aged 38, mestizo, disabled and wheelchair-dependent for mobility, a street vendor, lives on street vending and alms sales he receives on the street, refers to having a family, but does not offer information and refuses to give information about it valued in emergency of traumatology of the hospital of Guayaquil, Ecuador by being impacted in its wheelchair by a vehicle in the step of the municipal toll, while it sold its products in its wheelchair to the automotive pedestrians. It refers to trauma and pain in the left forearm, in addition to generalized pains.

Introduction

Elephantiasis is a syndrome characterized by the enormous increase of some parts of the body, especially in the lower extremities and in the external genital organs. It can be caused by various diseases that clog the lymphatic system, which causes a progressive enlargement of the extremities or genitalia, which is accompanied by roughness, wrinkles and fissures of the skin and subcutaneous tissue. The countries with the highest incidence of elephantiasis are Brazil, Guyana, Haiti, the Dominican Republic, Central and South America, Africa and Southeast Asia; It is rare in the temperate zones of the planet. Caused by a parasite in the form of a worm, endemic in many tropical and subtropical countries, transmitted by the bite of a mosquito. Elephantiasis is classified into two groups: Filarian and non-filarian [1].

Filarian

secondary to filariasis, is due to obstruction of lymphatic vessels and severe inflammations and blood parasites such

as filariasis; the filarial larva is transmitted by mosquitoes or flies that carry blood infected with them. It is characterized by inflammation and obstruction of the lymphatic vessels and hypertrophy of the skin and subcutaneous tissue, which mainly affects the lower extremities and the external genitalia. It owes its name to the symptoms, especially swelling of the limbs, which makes the legs resemble those of an elephant. The first visible signs are inflammation of the lymph nodes, with temporary inflammation in the affected area, red streaks along the leg or arm, pain, involvement of chills and fever, called as, followed by ulcers and tubers, With thickening, discoloration and cracking of the skin [2].

Non-filarial, secondary to multiple diseases, including

Local infections, metastatic infiltration, surgical lymphadenectomy, traumatic rupture of lymphatic channels, secondary to radiotherapy, lymphosarcoma, burns, other systemic diseases; It is known as mossy foot, recurrent elephantine lymphangitis [3].

Discussion

The case presented by E.M.R, 38, lives in the coastal area of Canton Playas, Guayas province, south west of Guayaquil, Ecuador, considered an endemic and epidemic zone of Dengue, Chikungunya, Zika and Malaria. With maximum outbreaks in 2015, 2016. This is a growing public health problem in vector-borne diseases, including Anopheles mosquitoes of the Culicidae family; Phlebotomidae, known as Jejen or moth; the fly of the Tabanidae group, cooked as tabano, can also be transmitted not only by Anopheles spp., But also by Aedes and Culex very abundant in the coastal zone of the country [4].

At his reception in the emergency he had his limb wrapped in numerous pieces of cloth, with a mummified, malodorous appearance, which made the extremity an elongated piece with mobility only at the hip. He cannot walk, walk, or stand in a

standing position, for having a single enormous lower extremity of more than six feet, and not functional, wrapped in fragments of multiple fabrics; In his wheelchair, he has a table of equal measure in length and width, on which he sits and where he supports the limb [5,6].

Your attire expresses your reality. It suffers elephantiasis of filariana type, secondary to filariasis, a rare disease that causes that its extremity grows of uncontrolled form. In fact, the limb measures 1.40 centimeters and weighs 38 kg, with a circumference in the thigh and the knee of 83 cm and 87 cm in the distal leg; its overall height is 1.80 cm, its overall weight is 75 kg [7]. This indicates that your lower limb weighs more than the rest of your body; with rough-looking skin with discoloration, cracking, wrinkles, and fissures, red streaks on the leg and ankle, and inflamed subcutaneous tissue.

He says that 9-10 years ago he suffered from the disease, he has a stump from the right extremity to the upper third of the thigh, also with elephantiasis, he says that he has been little valued by doctors, who have not known how to treat it. They tell me that there is no cure and that I need money to be able to attend and study my case [8].

He says that his life is not easy and that every day he must go out into the streets to work selling his goods and subsisting, because of his precarious socioeconomic situation. In addition, he assures nonetheless, he leads a normal life with limitations, which he admits and assumes. The disease has not affected me psychologically. I feel strong. I look worse than people look at me in amazement as if it were something strange. Now, I ask for help in arranging or getting a wheelchair to move and resume my daily life. He confesses that it is an exceptional case. In the emergency room of the hospital we removed all the tissues that involved the lower left extremity, in addition he was made by nursing staff a bath and general body cleaning of the patient, we performed blood extraction for general blood analysis, biochemistry, renal profile, Hepatic, urine. Laboratory test results confirm iron deficiency anemia, normal hepatic and renal profiles [9,10].

We repeated the blood analysis at midnight, confirming the presence of microfilariae in the blood by laboratory, so we administered combined treatment of Diethylcarbamazine at 6 mg / kg, orally for 14 days, associated with Albendazol 400mg, orally, as the only dose of Administration, we also indicate vitamin supplements and ferrous fumarate 200 mg c/8 h, oral In the radiographs made to the traumatized upper limb, we observed a non-displaced distal radius fracture, without surgical criteria, for which we placed immobilization with posterior brachial splint for six weeks and external trauma control. In addition, we request specialized consultations of vascular surgery, internal medicine and social work for care and help.

We carry out a literature review of the disease and believe that due to its enormous and infrequent clinical aspect, it has scientific value to publish its case [11] (Figures 1-5).



Figure 1: Distal perimeter of the leg with 87 cm.



Figure 2: Left thigh and knee with a perimeter of circumference in the thigh and knee of 83 cm and of 87 cm in distal leg.



Figure 3: Lower extremity with 1.40 cm and 38 kg of weight.



Figure 4: Ankle and left foot.



(a)



(b)

Figure 5: Simple Rx Ap and Left Forearm Lateral.

References

1. Judith R Casley-Smith, John R Casley-Smith (1992) Modern treatment for lymphedema. University of Adelaide, Australia, 33(2): 61-68.
2. Casley and Smith (2007) Lymphedema disease.
3. Decrypted the genetic map of the worm that causes elephantiasis. Federal News Agency.
4. Freggiario E (2007) Sequenced the genetic code of the parasite responsible for the elephantiasis. Biochemical Federation of the Province of Buenos Aires.
5. Games E (2002) Diseases related to immigration. Immigrant health handbook.
6. Nieto S (2007) Lymphedema, Elephantiasis. Salvador Foundation, USA.
7. Nieto Ula (2008) Six cases of elephantiasis in the southern part of the lake. University of the Andes, Colombia
8. Xiosr (2007) Parasitology: Blog.
9. Carles and Smith (2007) Lymphedema disease.
10. Wikipedia (2008) Elephantiasis. Syndromes: Wikipedia.
11. Epidemiological Bulletin on the Dengue Situation in Ecuador.



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