

SCHISTOSOMAL MYELORADICULOPATHY AND IT'S RELATIONSHIP WITH MYELITIS ASSOCIATED WITH HTLV-1 VIRUS (HAM/TSP)

Thiago A. A. Fidelis¹, Thalles H. O. Ribeiro²; Diego M. A. de Castro²; Arthur M. Paiva³; José R. Lambertucci¹

1Pós-graduação em Infectologia e Medicina Tropical, Departamento de clínica médica/UFMG; 2 Faculdade de Medicina/UFMG; 3 Doutorado em Infectologia e Medicina Tropical/USP.

INTRODUCTION: Schistosomiasis mansoni represents one of the largest and most serious public health problems in Brazil, being endemic in 19 units of the Brazilian federation, most of them in Northeast region. One form of the disease, the Schistosomal Myeloradiculopathy (SMR), is considered the most serious form. Although the faster development of myelopathy are often associated with parasitic infections, sometimes the symptoms comes slow and progressive. These refer to the possibility of injury be caused by viral infections. The prevalence of symptoms as erectile disorder, spasticity, bladder changes and sensory changes in the lower limbs, are typical in SMR and myelitis associated HTLV-1 (HAM/TSP). This study proposes to evaluate the clinical and laboratorial results (analysis of CSF) of patients with SMR and compare to patients with HAM/TSP, diagnosed at the University Hospital/UFAL and at the General State Hospital (GSH), both in the city Maceio, state of Alagoas, in the period 2008-2011. **METHODOLOGY:** The research was based on collection of secondary data. Was used the Bioestat ® software version 5.0, 2007 for statistical analysis. Fisher exact test was used to compare the clinical features between samples. Mann-Whitney's test was used to compare the laboratorial tests (glucose and protein) in CSF. **RESULTS:** Three hundred forty-six records were examined. Of which 23 cases (6,64%) of SMR, 19 cases (82.6%) were males with a median age of 32 yers-old. Nineteen cases (5,49%) were HAM/TSP, in which 13 (68.42%) were women with a median age of 47 years-old. Paraplegia (26.08%), underactive bladder (52.17%), sagging (39.13%) and no reflection on lower limbs (47.82%) were typical of the SMR. Sexual impotence (66.66%), spasticity (100%), tactile (78.94%) and heat (78.94%) hypoesthesia on lower limbs were features in HAM/TSP. Analysis of CSF, glucose levels (mean 71.4 mg/dL) and protein (average of 100.58 mg/dL) was observed in the SM. In HAM/TSP glucose values (mean 54.25 mg/dL) and protein (mean 42.39 mg/dl) remained normal. **CONCLUSION:** The assessment of SMR and HAM/TSP must have an approach involving clinical and laboratorial aspects, for assist the differential diagnosis between the myelopathies.

FINANCIAL SUPPORT: Conselho Nacional de Desenvolvimento Científico e Tecnológico (National Council of Technological and Scientific Development).

Keywords: Neuroschistosomiasis. Schistosomal myeloradiculopathy. Schistosomiasis mansoni. Neuroinfection. HTLV-1. HTLV-1 myelitis.