

CASE PRESENTATION

INTRODUCTION :

THE spectrum of diseases in Bahrain has changed since the petro-dollar boom. It has attracted people from different parts of the world to share and help the booming industries. We come across certain cases which are never heard before, neither in this Island nor in this part of the world. The two cases described below are the examples. They are having lung flukes but their findings fit into pulmonary tuberculosis. If we do not consider their country of origin, we might land into a diagnostic pitfall. Lung flukes are caused by parasite *Paragonimus* of which *westerni* is a common species. The intermediate host are crabs and cray fishes which are either eaten uncooked or contaminate the hands of cooks. After reaching human jejunum from mouth they develop into adult worm, penetrate into the intestinal wall, migrate to the lung and settle down in the small bronchioles laying eggs and causing mechanical as well as immunological reaction around.

CASE NO : 1

Ref : 78/318 M.

A 44 year old Korean carpenter arrived in Bahrain during September 1977. He was seen in Chest Clinic in April 1978 with cough and blood stained sputa of one month duration. He smoked 20 cigarettes a day since 29 years. On

Imported from Korea

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examination there was no general toxicity, a healthy looking man, gland Np. no positive findings in any system, sputa were repeatedly negative for A.F.B.

X-ray chest : - infiltration Rt. Upper Zone with cystic changes and healed calcified hilar glands. Tomography confirmed the lesion in post. seg. R.U.L. with irregular thick wall cystic cavities. Everything fitted with reactivated pulmonary tuberculosis. Since he was coming from Korea sputa were examined for lung flukes and we found many ova of *Paragonimus westerni*. Unfortunately, he had to leave Bahrain soon after diagnosis. I have not heard anything since then.

CASE NO : 2

Ref : 78/477 M

A 33 year old Korean came to Bahrain six months ago, was seen in Chest Clinic in June 1978 with cough and blood stained sputa of two months duration. He was working as a driver. Apart from the above symptoms there were no general symptoms. Physical findings were normal. X-ray chest

showed irregular opacity of Rt. mid zone and fluffy shadow Lt. mid zone. Sputa were repeatedly negative for A.F.B. P.P.D. to ITU 28 mm (highly positive). The X-ray and other findings were compatible with pulmonary tuberculosis but negative sputa. As he was from South Korea sputa were examined for lung flukes and we found ova of *paragonimus westerni* in many samples. We could not get Bithionol which is specific drug for this parasite. He was given chloroquine. After three months of chloroquine therapy the lesion partly cleared leaving some fibrosis. We are trying to get Bithionol and give him a course.

CONCLUSION :

THIS is the first time a lung fluke is diagnosed and confirmed by presence of ova in Bahrain. There may be some more around. One of the important differential diagnosis is pulmonary tuberculosis. □

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