

**LETTER****Multiple Sparganosis**

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No potential conflict of interest relevant to this article was reported.

Received: 17 Sep 2013 • Revised: 20 Oct 2013 • Accepted: 21 Oct 2013  
 pISSN: 2234-6163 • eISSN: 2234-6171  
<http://dx.doi.org/10.5999/aps.2014.41.2.181> • Arch Plast Surg 2014;41:181

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Dear Editor.

The recent report by Yoon et al. [1] on multiple sparganosis is very interesting. Generally, sparganosis is a parasitic infestation of tissue that is sporadically reported from many countries around the world. Yoon et al. [1] reported a case with this problem and concluded that “the longevity of spargana could have been up to 45 years with a parasitic infection occurring in two sites following a change in the patient’s immune status”. The main clinical presentation of sparganosis is a mass [2]. In some cases, it can be asymptomatic and is found by accident from pathohistological examination of a surgical specimen [2]. For management of sparganosis, complete surgical excision has been recommended [2]. Surgical treatment is usually effective and pathohistological examination of the surgical specimens is usually the appropriate way to obtain a final confirmatory diagnosis [2]. However, a chance of recurrence has been observed, and thus careful postoperative surveillance is recommended.

The longevity of spargana is worth noting. Up to the present, the exact lifespan of the parasite in humans has not been determined. In

the article in question, Yoon et al. [1] claimed that it was very strange that the parasite had survived for many years in their patient. The claim of long survival might be due to history taking, which could have been too subjective. Of interest, in a previous report by Wiwanitkit [2], only 14 of 34 patients could recall engaging in the risk behaviors (a history of drinking impure water, a history of eating frog or snake meat, or a history of using frog or snake meat as a poultice) [1]. It is very difficult to believe that the patient could remember a mundane event from 45 years earlier. In addition, a chronic parasitic infestation in a calcified lesion, such as a calcified tract, should be verified by pathohistological examination [3].

Another more interesting point is the existence of the disease in immunosuppressed patients. The effect of deteriorated immune status on this infection is remarkable. For another parasitic tissue infestation, cysticercosis, it was proposed that the outcome of infection might depend on the host’s immunological status [4]. However, to the best of our knowledge, no report has been published of sparganosis in an human immunodeficiency virus-infected patient. In fact, multiple sparganosis can be seen in patients without impaired immune status [5]. The interrelationship between impaired immune status and sparganosis should thus be further investigated.

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