

Tropical infections can mimic common Western European diseases

With increasing international travel and migration, clinicians must have an increased awareness of tropical illnesses. Four case reports in this issue emphasize that these conditions can be difficult to diagnose and can mimic common Western European diseases, including disseminated carcinoma.

TUBERCULOSIS

The prevalence of tuberculosis is increasing in the UK. Approximately 32% of the world's population is infected with *Mycobacterium tuberculosis*, but the prevalence varies wildly between countries. In the developed world, many cases of *M. tuberculosis* are acquired while travelling.

Ahmed et al (p. 368) report a case of a young woman with abdominal tuberculosis, highlighting the life-threatening nature of this condition and the difficulty with diagnosis and management. A recent study in the *Lancet* (Cobelens et al, 2000) recommended that bacille Calmette-Guérin (BCG) vaccination or post-travel skin testing for *M. tuberculosis* should be considered for long-term travellers when there is a high risk of tuberculosis, especially if they are health workers.

OTHER TROPICAL INFECTIONS

Although tuberculosis is often called 'the great mimic' (Underwood et al, 1992), other tropical infections can mimic abdominal conditions. For example, *Ascaris lumbricoides* infests more than a quarter of the world's population. Amjad et al (p. 370) report a case of acute cholecystitis caused by biliary ascariasis. *Ascaris* usually reside in the small intestine and do not cause serious harm. In some places such as Kashmir, *Ascaris* is as frequent a cause of

cholecystitis as gallstones. The author is very glad that when he recently demonstrated laparoscopic cholecystectomies in Myanmar, local surgeons insisted on preoperative endoscopic retrograde cholangiopancreatography (ERCP) to exclude infestations.

Banerjee et al (p. 372) report a case of an amoebic empyema occurring in a political asylum seeker in Birmingham. They emphasize the importance of knowledge of the country of origin of patients and also potential difficulties in diagnosis of tropical diseases. Amoebiasis may occur in the liver or the lung without evidence of colonic disease, thus the absence of *Entamoeba histolytica* in the stools is of little diagnostic help.

UNUSUAL ABDOMINAL SYMPTOMS

Although tropical and unusual infections most commonly occur in 'at risk' groups such as immigrants and the immunosuppressed (Roy, 1975), they can occur in patients who have never been abroad. This is highlighted by the recent UK outbreak of tuberculosis in schools. Therefore, rare infections should be considered in patients with unusual abdominal symptoms. Smith et al (p. 366) report a case of abdominal actinomycosis which occurred in a woman with a forgotten intrauterine contraceptive device. They emphasize

that these devices should be removed when they are no longer required.

ADVISING TRAVELLERS

One worrying finding is highlighted in a recent article (Hughes and Carlisle, 2000), suggesting that travellers are ignoring medical advice. This study found that although most travellers to high-risk destinations attended a travel clinic, compliance with the advice given was low, and subsequently there was a high incidence of illness. Of particular concern was that many travellers were putting themselves at risk of acquiring potentially fatal malaria. Therefore, it behoves clinicians not only to be aware of unusual and tropical diseases, but also to be particularly vigilant in giving travel health advice to long haul travellers. **HM**

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Cobelens FG, van Deutekom H, Draayer-Jansen IW et al (2000) Risk of infection with *Mycobacterium tuberculosis* in travellers to areas of high tuberculosis endemicity. *Lancet* **356**: 461–5

Hughes NJ, Carlisle R (2000) How important is travel medicine for a typical British family practice? *J Travel Med* **7**: 138–41

Roy D (1975) *Lecture Notes on General Surgery: Tropical Supplement*. Blackwell Scientific Publications, Oxford

Underwood MJ, Thompson MM, Sayers RD, Hall AW (1992) Presentation of abdominal tuberculosis to general surgeons. *Br J Surg* **79**: 1077–9

KEY POINTS

- With increasing international travel and migration, clinicians must have an increased awareness of tropical illnesses.
- Lack of awareness may result in delayed diagnosis and increased mortality and morbidity.
- These tropical infections may mimic common Western European diseases, including disseminated malignancy.
- Unnecessary intrauterine contraceptive devices can cause unusual infections and should be removed.