Laos Global Health Trip 2022

11/21-12/18

Laos

- Population: 7.4 million people
- Capital is Vientiane
- Only landlocked country in SE Asia
- Official language Lao





Health Frontiers

- Minnesota based non-profit
- Founded in 1991
- Laos Project: works with the Lao University of Health Sciences to establish an IM residency, peds residency and emergency medicine residency
- Goal is to make the program self-sustained and increase the number of specialists trained in Laos
- Fun facts: Our very own Dr. Quirk was a program director here. Also Dr. Leatherman has been participating in global health trips here for the past several years and introduced ultrasound curriculum

Vientiane Hospitals



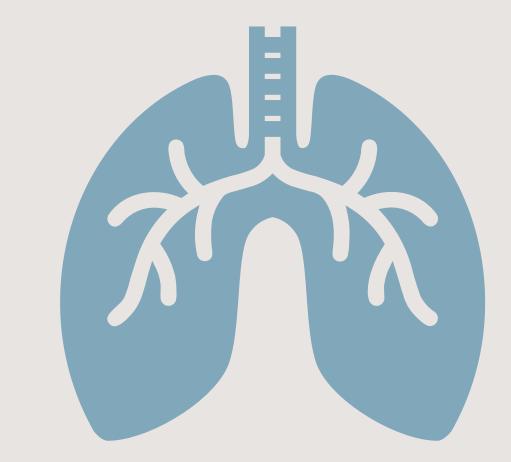
Labs/ Imaging

- CXR
- Pulmonary ward and GI ward have one portable US
- CT scanner (usually takes 1-2 days)
- Thailand send-out labs

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Case 1

- A 40-year-old male presents from Northern Laos with three months of fever, dyspnea and hemoptysis
- Progressively worsening
- He was from the Borikhamsai province in the Parkadimg district







Pleural ultrasound and thoracentesis

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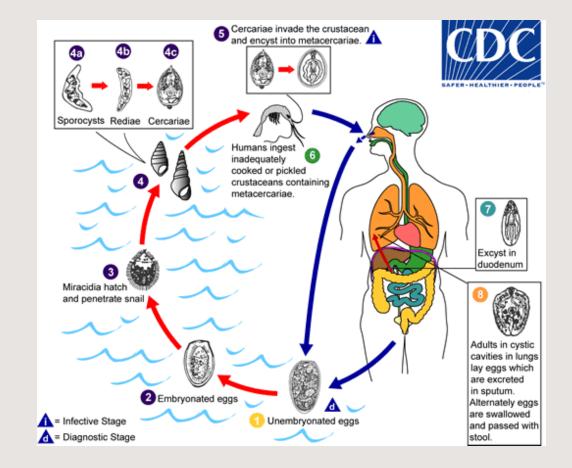
Sputum Culture

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Paragonimiasis

- Trematode= lung fluke; 16 species total but most common is Paragonimiasis westermani
- Transmitted via consumption of raw or undercooked crab or crayfish (papaya salad)



Clinical Manifestation

- Acute phase (occurs from time of infection and first egg production; approx. 2M)
 - Fever, malaise, diarrhea or epigastric pain
 - Urticaria can be seen
 - Pleuritic chest pain (from migration of larvae into the pleural space from the duodenum)
- Chronic phase (mature flukes inhabit the lungs; can last for years)
 - Recurrent hemoptysis
 - Malaise
 - Pleural effusions

Diagnosis

- Early phase: difficult to determine other than clinical suspicion
- Late phase:
 - Microscopy: Can see eggs in sputum, BAL or stool; Pleural fluid will have lymphopenia, eosinophilia, low glucose, low pH and high LDL
 - Serology: ELISA (serum or cerebral fluid)

Keeping that differential fresh

Tuberculosis

Loeffler's Syndrome

Coccidiomycosis

Aspergillous

Histoplasmosis

Nocardiosis

Bronchiectasis

Malignancy



Treat both symptomatic and asymptomatic patients

Treatment



Praziquantel (75mg/kg/day divided in three doses for three days)



Triclabendazole 10/mg/kg; beware qTC prolongation Case 2: Consult for dyspnea and hypoxia 26 yo male admitted to psychology ward for psychosis

PMH significant for amphetamine use disorder, previous pulmonary TB status/post treatment

ROS

Exam, Labs, Imaging

Ultrasound





Guillain-Barre Syndrome in adults

- One of the most common cases of acute, acquired weakness; incidence of 1-2/100,000 cases per year
- Complicated by respiratory failure or autonomic dysfunction
- Multiple triggers: infection, vaccinations, small percentage related to surgery, trauma, BMT
- Symptoms: bilateral weakness, cranial nerve and bulbar symptoms; loss of DTR, paresthesia, dysautonomia

Presenting from northern Laos for 1 month of symptoms

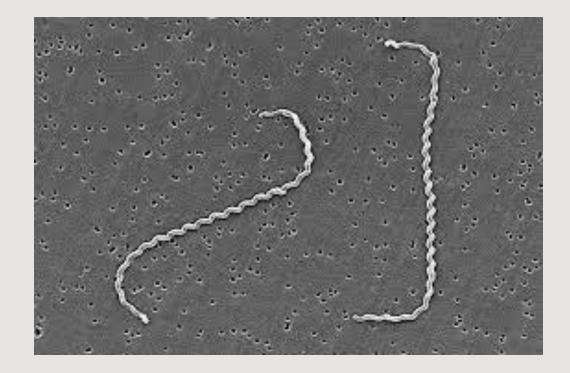
Case 3: 28-year-old presenting for fever, fatigue, myalgias PMH with previous TB s/p treatment

ROS

Exam, Labs, Imaging

Leptospirosis

- Spiral-shaped, highly motile aerobic spirochetes
- Transmission is often from contact from urinecontaminated soil or fresh water
- Wide spectrum of illness: asymptomatic to fatal
- Anicteric leptospirosis: Acute vs Immune phase
- Icteric leptospirosis (more severe)
 - Fever, jaundice, renal failure
 - Sometimes pulmonary hemorrhage, myocarditis, rhabdomyolysis, conjunctival suffusion, rarely liver failure



What are the symptoms? Symptoms usually occur 2 days to 4 weeks from time of exposure. Leptospirosis can cause a wide range of symptoms in humans, including:

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Leptospirosis

- Diagnosis: PCR, serology (IGM and IGG), culture if available
- Treatment
 - Mild disease: doxycycline or azithromycin
 - Severe disease: ceftriaxone or cefotaxime
 - Duration 7 days

Case 4:

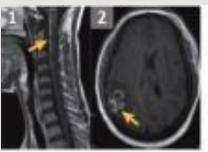
- 51-year-old presents with four days of fever and progressive epigastric abdominal pain
- CT with liver mass
- Blood cultures pending



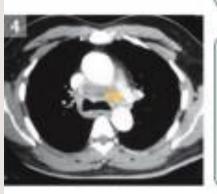


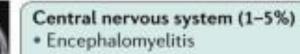
Melioidosis

- Facultative intracellular gram-negative bacterium Burkholderia pseudomallei
- Found in soil and fresh water
- Endemic in SE Asia, northern Australia, South Asia, China
- Transmission is by percutaneous inoculation (especially during wet season), inhalation, aspiration
- Acute infection: usually resembles pneumonia, skin/soft tissue infxn, GU infxn
- Chronic infection: pulmonary symptoms that mimic TB (cough, hemoptysis, NS, increased sputum production), non-healing skin ulcer or abscess



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Brain abscess

Cardiovascular system (40-60%)

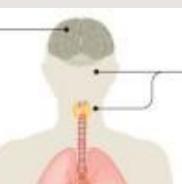
- Bacteraemia (40–60%; bacteria without evident focus 10%)
- Pericarditis
- Mycotic aneurysm

Urinary tract system (14-28%)

- Acute pyelonephritis
- Kidney abscess
- Prostatic abscess (20% of males in Austrailia)

Other

- Mastitis
- Mediastinal mass
- Corneal ulcer
- Epididymo-orchitis
- Scrotal abscess



Head and neck (0-30%)

- * Parotid abscess
- (30% of children in Thailand)
- Neck abscess
- Lymphadenitis

Respiratory system (40-60%)

- Pneumonia (40–60%)
- Pulmonary abscess
- Pleuritis

Gastrointestinal system (10-33%)

- Liver abscess
- Splenic abscess
- Para-intestinal mass

Skin and soft tissue (13-24%)

- Skin ulcer
- Soft tissue abscess

Musculoskeletal system (4-14%)

- Septic arthritis
- Myositis
- Osteomyelitis







Nature Reviews | Disease Primers

Diagnosis and Treatment

- Microscopy and culture: blood, sputum, urine, throat swab, rectal swab, skin/ulcer swab, pus/fluid from abscess, CSF
- Serology is not useful
- Rapid immunofluorescence used in Thailand
- Treatment:
 - Main treatment is beta-lactams can use carbapenems, TMP-SMX, doxycycline
 - Avoid penicillin, ampicillin, first gen cephalosporins and aminoglycosides

