



Echinococcosis Disease: Signs, Symptoms and causes

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DESCRIPTION

The parasitic disease echinococcosis is brought on by tapeworms of the *echinococcus* genus. Cystic and alveolar echinococcosis are the two primary subtypes of the disease. Polycystic echinococcosis and unicystic echinococcosis are less frequent types. The disease commonly begins with no symptoms, and this phase might extend for years. The location and size of the cyst affect the symptoms and signs that appear. Although it typically starts in the liver, alveolar disease can move to the lungs or brain. When the liver is compromised, the patient may experience weight loss, stomach pain, and skin discoloration due to jaundice. Chest pain, breathlessness, and coughing are all potential symptoms of lung illness.

E. granulosus, *E. multilocularis*, *E. oligarthrus*, and *E. vogeli* are found in the liver (75% of the time), lungs (15% of the time), and other body organs such as spleen, brain, heart, and kidneys (10% to 20% of the time) in the human manifestation of the disease. Cystic echinococcosis is caused by *E. granulosus* infection and manifests as a slow-growing tumour in the body in those who have it. Those who have alveolar and polycystic echinococcosis can also develop these slowly expanding lumps, which are sometimes referred to as cysts.

Cysts in people with cystic echinococcosis are normally spherical, include one compartment, and are typically only present in one place of the body. They are frequently filled with a clear fluid known as hydatid fluid. While the cysts observed in people with alveolar and polycystic echinococcosis are comparable to those found in people with cystic echinococcosis, the cysts in these people typically contain many compartments and expand in an infiltrative rather than expansive manner.

Depending on where the cyst is located in the body, the person may have extremely huge cysts and still be asymptomatic, or they may have very small cysts and still be symptomatic. If the person experiences symptoms, the location of the cysts will have a significant impact on the symptoms. For instance, if someone has lung cysts and is symptomatic, they may cough, feel short of breath, or experience chest pain.

On the other hand, if the person has liver cysts and is symptomatic, they will have stomach discomfort, atypical abdominal tenderness, hepatomegaly with an abdominal mass, jaundice, fever, and/or anaphylactic reaction. The person would also likely have high temperature, pruritus, edoema of the lips and eyelids, dyspnea, stridor, and rhinorrhea if the cysts ruptured while still inside the body, whether during surgical removal of the cysts or due to physical trauma.

Definitive hosts, in contrast to intermediate hosts, are typically not severely harmed by the infection. Sometimes the parasite's extremely high demands can result in a deficiency of specific vitamins and minerals in the host. For all *Echinococcus* species, the incubation time might last for months, years, or even decades. It mostly relies on where the cyst is located on the body and how quickly it is growing.

The course of an *Echinococcus* infection is intricate, just like many other parasite diseases. In order to complete its life cycle, the worm needs both final hosts and intermediate hosts. Intermediate hosts typically include herbivores like sheep and cattle, while definitive hosts are typically carnivores like dogs. Humans serve as unintentional hosts because, unless they are consumed by dogs or wolves after death, they are typically a dead end for the parasitic infection cycle.

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