

Lymphatic Filariasis among Children in Orissa

We report clinical presentation of all forms of overt and acute forms of lymphatic filariasis among 54 children, who attended filariasis clinic at state headquarters hospital of Orissa, India. Lymphedema was the most common presentation, observed even at a young age of 2 years.

Keywords: *Filariasis, Lymphedema, Lymphangitis.*

India contributes about 40% of the total global burden of lymphatic filariasis (LF) and 25 states/union territories of India are endemic (1). Until recently, LF has been considered as a disease of adults and most epidemiological surveys have excluded children. Although recent surveys revealed a considerable prevalence of filarial infection among children(2), the pediatric filarial disease remains unexplored. We report the clinical manifestations of LF among 54 children aged, 2-14 years, who attended filariasis clinic at state headquarters hospital of Orissa, India, between July 2001 to December 2006. Distribution of symptoms and signs of LF is shown in **Table 1**. The lymphedema was also observed at a young age (2 years old boy and 3 years old girl). Our study may not reflect the true prevalence of filarial disease in children since many cases might have subclinical manifestations, even though they contacted the disease in early childhood. Shenoy, *et al.*(3) showed that 11% of children in areas endemic for brugian LF in Kerala are positive for filarial antigen, and demonstration of adult worms in some children represents an important step in understanding the pathology of LF in children.

***Anna S Kerketta,
Bontha V Babu, Surendra SS Mohapatra and
Shantanu K Kar**

TABLE I CLINICAL PRESENTATION OF LYMPHATIC FILARIASIS

Symptom	Male (n=20)	Female (n=34)
Edema of upper limb	3 (15.0%)	8 (23.5%)
Edema of lower limb	13 (65.0%)	15 (44.1%)
Pitting edema	13 (54.0%)	21 (61.8%)
Tenderness in groin	8 (40.0%)	17 (50.0%)
Lymphadenopathy	7 (35.0%)	8 (23.5%)
Adenolymphangitis	5 (25.0%)	11 (32.3%)
Eosinophilia	0 (0.0%)	1 (2.9%)
Adenodermato- lymphangioadenitis	0 (0.0%)	1 (2.9%)
Hydrocele	1 (5.0%)	–
History of adeno- lymphangitis	9 (45.0%)	8 (23.5%)

*Regional Medical Research Centre,
Indian Council of Medical Research, Bhubaneswar
751 023, Orissa, India.*

**E-mail: annas11@rediffmail.com*

REFERENCES

1. Sabesan S Palaniyani M Das PK. Mapping of lymphatic filariasis. *Ann Trop Med Parasitol* 2000; 94: 591-605.
2. Witt C, Ottesen EA. Lymphatic filariasis: an infection of childhood. *Trop Med Int Health* 2001; 6: 582-606.
3. Shenoy RK, Suma TK, Kumaraswami V, Ramah N, Dhananjay G, Padma S, *et al.* Preliminary findings from a cross-sectional study on lymphatic filariasis in children, in an area of India endemic for *Brugia malayi* infection. *Ann Trop Med Parasitol* 2007; 101: 205-213.