

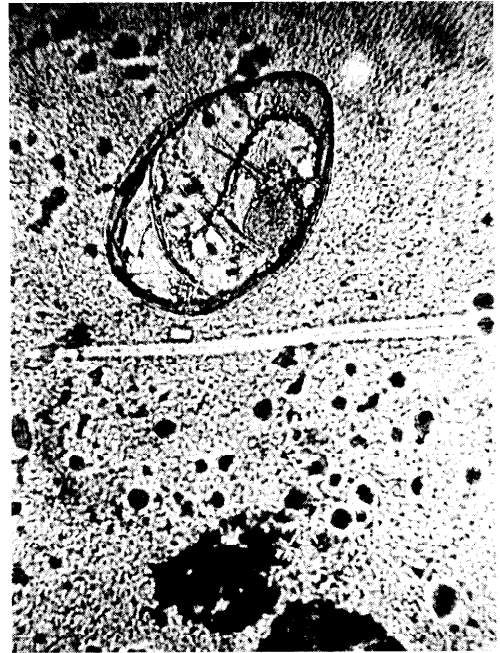
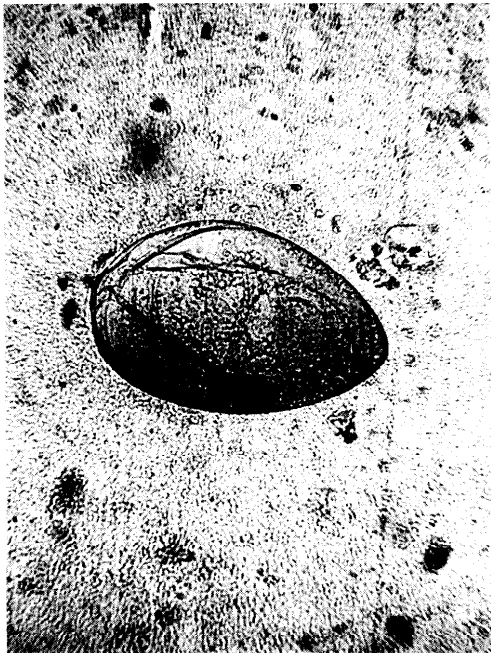
## Letter to the Editor

Sir,

The "Strengthening Rural Health Services Project" has implemented three regional surveys in the Governorate of Qena (1994), Behera (1996) and Dakahlia (1998). The three surveys covered different health aspects including an assessment of prevalence and distribution of the most common intestinal parasites.

During the last survey, in Dakahlia, our field team, specially trained in the Kato-Katz technique, reported a high prevalence of *Fasciola* spp. eggs among children liv-

ing in Mansura district, on the right side of the River Nile. Eggs were found in most of the villages, with a district prevalence of 5%. Conversely, in Talka and Nabarouh districts on the left side of the Nile, most of the subjects excreting *Fasciola* spp. eggs were concentrated in two endemic foci. At the same time, the Project staff responsible for the internal quality control expressed doubts about the identification of some of the eggs detected in the faeces of the sampled children. Although the dimensions, around 160–190  $\mu$ m, were close to those of



Figures 1 and 2 Eggs with an ovular shape, thin wall and dark nucleus which were identified as mite eggs ( $\times 400$  magnification)

*F. hepatica*, which usually range from 140  $\mu$  m to 170  $\mu$  m, the ovular shape, resembling that of a hen, the thin wall and the presence of a dark nucleus in the centre of the egg did not fit the criteria for *Fasciola* eggs.

The Project staff decided to clarify the matter and a part of the specimens collected were sent to the Parasitology Department of the High Institute of Public Health (HIPH), University of Alexandria, together with fresh faecal samples from the same subjects in whom the unusual eggs were reported during the survey. HIPH definitely excluded the possibility of the eggs being from *Fasciola* spp. and, at the same time, found the fresh samples free from ova of parasites.

Photographs of the best preparations (100 $\times$  and 400 $\times$  magnification power) (Figures 1 and 2) were made at the Professor Mohammed El-Amine Laboratory, Central Laboratory Unit of HIPH, under the supervision of Professor Rashida Barakat. These and five Kato-Katz preparations were sent to the Planning and Technical Guidance Team of the Communicable Diseases Prevention and Control Department at the World Health Organization, Geneva. The Team had the specimens and the photographs examined by different scientists, including an expert in insect ova. They finally excluded the diagnosis of any human intestinal parasitic infection and reached the conclusion that the eggs were mite eggs.

The mite eggs may have reached the faeces through a stock of contaminated flour, thus explaining the fact that they were found in a limited geographical area and that they were no longer present in the faeces of the same people after a few months. It was concluded that, in Dakahlia, *Fasciola* spp. are still concentrated in endemic foci and, in this Governorate, fascioliasis has not yet reached the level of endemicity reported in other Governorates of the Delta (Sharkia, Bahera).

We thought it was important to share this information with others working in the same field in order to improve the quality of individual and community diagnosis by the health staff. The availability of more reliable data will make the efforts to control the disease at this early stage more effective. At the same time, it may avoid over-diagnosis of fascioliasis and the unnecessary prescription of triclabendazole for human use, which has recently become available in Egypt, and the consequent risk of drug resistance.

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