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in the NCBI database contributed to a poorer representation of the sequence variability from this geographical region, leading to the inadequate choice of restriction enzymes by investigators who developed this technique.

Genotype C was detected in 12 subjects by PCR-RFLP, and four ‘untypeables’ were further identified as genotype C after nucleotide sequencing. Therefore, it is possible that in every four genotype C samples from the subcontinent may yield an ‘untypeable’ pattern, leading to an underestimation of infection with genotype C. The two novel patterns of digestion for genotype C described in this study could, therefore, be particularly useful for investigators using this technique for genotyping Indian strains. Studies from Southeast Asia show that genotype C is associated with more aggressive liver diseases and lower response rates to interferon alpha. Underestimation or failure to detect infection with genotype C may, therefore, have direct implications on patient management and treatment algorithms. As clinical differences among HBV genotypes are becoming increasingly relevant, there is a need for genotyping methods with high throughput. PCR-RFLP is an excellent technique for genotyping HBV, although a small proportion of strains is ‘untypeable’. The five novel digestion patterns described in our study may assist investigators using this technique resolve such ‘untypeable’ samples, thereby saving on the need to use labour-intensive and expensive options, such as nucleotide sequencing.

References

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Acute Urticaria Associated with Dicrocoelium dendriticum Infestation

Dear editor,

A 21-year-old Afghani woman, who had recently come to Germany, presented with acute urticaria affecting the complete integument. Parasitologic examination of four stool specimens obtained over two weeks revealed Dicrocoelium dendriticum eggs (Figure) and non-pathogenic amebae. Topical prednicarbate treatment and praziquantel (3 × 600 mg for 3 days) were recommended. Due to her state as refugee, the patient was lost to follow-up. Adult D. dendriticum live in the gall bladder and bile ducts of their final hosts (ruminants). Worm eggs are passed in faeces, which are swallowed by terrestrial snails. Snails excrete cercaria in mucous balls, which are eaten by ants. Infected ants stick to the tip of a grass-blade due to tetania of their mandibles. Herbivorous animals may ingest infected ants while grazing. In these animals, flukes develop, which migrate into the liver. Humans may rarely get infected by ingesting ants. However, in most cases, D. dendriticum eggs in human stools are not due to infection but by the ingestion of undercooked liver of infected animals. Such a “spurious” infestation (pseudoparasitism) seems unlikely in our patient, since D. dendriticum eggs were present in spite of a liver-free diet. Parasite-associated chronic urticaria are well known. Our case differs considerably from others in many respects: (i) in contrast to most urticaria-associated parasites, D. dendriticum is not a gastrointestinal parasite; (ii) in contrast to most parasite-associated urticaria, the presentation in our patient was acute, much like schistosome-caused urticaria; (iii) in contrast to schistosomal larvae, D. dendriticum does not require wandering in humans. Symptoms caused by D. dendriticum in rare cases of human infections include
chronic constipation or diarrhoea, hepatomegaly and biliary obstruction. Unfortunately, since the patient was lost for follow-up, it could not be proven that *D. dendriticum* was in fact responsible for her acute urticaria. We believe that ants can cause urticaria not only directly by venom but also indirectly by transmitting *D. dendriticum*. Parasitological stool examination is worthwhile in the diagnostic workup of urticaria.

**Figure:** *Dicrocoelium dendriticum* egg. The dark brownish egg is thick-walled, operculated and relatively small (40 × 20 µm). A hatching miracidium is seen while breaking the operculum (*arrow*).

### References


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