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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 nonpathogenic amebae. Topical prednicarbate treatment and praziquantel  $(3 \times 600 \text{ mg for } 3 \text{ days})$  were recommended. Due to her state as refugee, the patient was lost to followup. 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 grassblade due to tetania of their mandibles. Herbivorous animals may ingest infected ants while grazing. In these animals, flukes develop, which migrate into the

liver.<sup>[1]</sup> 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.<sup>[2,3]</sup> 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 parasiteassociated 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



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

chronic constipation or diarrhoea, hepatomegaly and biliary obstruction.<sup>[4]</sup> 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.

## References

- Ducháček L, Lamka J. Dicrocoeliosis-the present state of knowledge with respect to wildlife species. Acta Vet Brno 2003;72:613-26.
- El-Shiekh Mohamed AR, Mummery V. Human dicrocoeliasis: Report on 208 cases from Saudi Arabia. Trop Geogr Med 1990;42:1-7.
- Helmy MM, Al-Mathal EM. Human infection with Dicrocoelium dendriticum in Riyadh district (Saudi Arabia). J Egypt Soc Parasitol 2003;33:139-44.
- Rack J, Adusu E, Jelinek T. Humane Infektion mit Dicrocoelium dendriticum. Dtsch Med Wochenschr 2004; 129: 2538-40.

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