

## Latin American migrants in Spain should be screened for Chagas disease

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Latin American migrants in Spain should be screened for Chagas disease, particularly women before pregnancy, doctors urged today at EuroEcho-Imaging 2015.

Chagas disease is a life-threatening illness caused by the protozoan Trypanosoma cruzi (T. cruzi). It was first described in 1909 by Carlos Chagas in Brazil. Chagas disease is endemic in Latin America, where it is transmitted by bloodsucking bugs that typically live in the cracks of poorly constructed homes. Up to 40% of patients develop a chronic disease that primarily affects the heart and bowel and carries a high risk of sudden cardiac death.

Around 4.2% of the Latin American community living in Europe is infected with Chagas disease. Spain is the most highly affected country in Europe and it is estimated that between 50 000 and 70 000 people in Spain have the disease. The most common way to get Chagas disease outside of Latin America is when a mother passes the parasite to her child during <u>pregnancy</u>.

"In Spain we now have patients with Chagas disease who are at high risk for sudden death," said first author Dr Carlos A. Álvarez-Ortega, cardiology resident at University Hospital La Paz-Carlos III in Madrid, Spain. "We have to learn more about how the disease works and how we can prevent these deaths."

The current study, directed by Dr Elena Refoyo, was conducted at



University Hospital La Paz-Carlos III, which has a national reference unit for tropical diseases and travel medicine. People of Latin American descent voluntarily come for screening for Chagas disease and those with a positive blood test for T. cruzi are referred to a cardiologist.

"Most patients are asymptomatic when they come to the clinic," said Dr Álvarez-Ortega. "They have heard that Chagas disease is deadly and that it is common where they come from. We see entire families but we mainly screen young women who want to get pregnant and know that prenatal infection is a high risk. In our study we were looking for signs of Chagas <a href="heart disease">heart disease</a> before patients had symptoms."

The study included 145 patients with the parasite who had been referred to cardiology. The researchers took each patient's history, including their country of origin, and family history of Chagas disease or sudden death. Patients had a transthoracic echocardiogram (TTE), ECG and physical examination.

Patients with an abnormal TTE or ECG also received cardiac magnetic resonance to look for a scar on the heart caused by Chagas disease. They also had 24 hour Holter monitoring to record their heart rhythm and identify bradycardia (low heart rate) due to the disease.

Patients were 43 years old on average, 68% were women and 93% were from Bolivia. More than one-third (34%) had an abnormal ECG, and of those, 31% had bradycardia. The most common block in the heart's electrical conduction system was right bundle branch block.

More than 38% of patients had an abnormal TTE. Of these, 34% had a dilated left atrium and almost 15% had diastolic dysfunction. "Almost none of these patients had hypertension which is the most common cause of dilated atrium in the general population," said Dr Álvarez-Ortega. "It suggests that the abnormalities are the result of Chagas heart disease in



these young, asymptomatic patients."

According to the modified Rassi scale, which predicts Chagas patients' risk of dying in the next four years, 94% patients in the study were at low risk, 4% were at intermediate risk and 2% were at high risk.

"Our study shows that patients with Chagas disease may already have heart abnormalities even if they do not have symptoms," said Dr Álvarez-Ortega. "Infected <u>patients</u> should get treated early. Once severe heart disease is established the treatment may cause adverse reactions."

He concluded: "I urge all people of Latin American descent living in Spain, and particularly young women, to get screened for Chagas heart disease. It may save your life and protect the future health of your child."

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