is low at 30-40%. Tuberculosis may also be in your differential diagnosis, but unfortunately the acid-fast stains used for diagnosing tuberculosis will destroy Paragonimus eggs so the pathologist should be notified if you have a suspicion for Paragonimiasis. Ova in the stool (from eggs that are coughed up and then swallowed) are also specific but are found even less frequently, with a sensitivity of 11-15%.

Eggs, adult organisms and/or eosinophilia can be seen in needle core and other types of tissue biopsies; this diagnostic method also has the potential advantage of looking for malignancy or other conditions on your differential diagnosis at the same time. If a less invasive approach is needed, a blood sample from the patient can be sent to the CDC for an immunoblot assay against a crude extract from Paragominus westermani, a related lung fluke found in Asia. The immunoblot test is highly sensitive for diagnosing P. westermani, but cross-reactivity also occurs in some patients with P. kellicotti infection. In patients with no history of travel to areas endemic for P. westermani, a positive immunoblot test can be used to confirm the diagnosis of P. kellicotti infection. An IgG Western blot test using specific P. kellicotti antigen has been developed and has been found to be both sensitive and specific for P. kellicotti infection, but this test is not yet commercially available.

REFERENCES:
2. Lane MA, Marcos LA, Onen NF, Demertzis LM, Hayes EV, Davila SZ, Nurutdinova DR, Bailey TC, Weil GJ. Paragonimus kellicotti Flukes in Missouri, USA. Emerging Infectious Diseases. 18(8) August 2012.

Send your questions to coberlye@health.missouri.edu to be published in future editions of the Missouri Hospitalist.

ID Corner
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Endocarditis
A recent basic clinical review of Infective Endocarditis in NEJM-Clinical practice: