

Title	Updating of medical pathology procedures concerning the diagnosis of fasciolosis
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Aim

Distomatoses are zoonoses caused by trematodes. In France, only hepatobiliary distomatosis, or fasciolosis, also known as liver fluke, is pathogenic to humans. Cases are rare and sporadic.

During the invasion phase, the disease presents with aspecific digestive disorders, asthenia and myalgia. Complications are mechanical and inflammatory: obstructive jaundice, episodes of biliary colic, cholangitis or cholecystitis.

Biological diagnosis is based primarily on the detection of antibodies in serum.

The aim of this work is to draw up the list of serological diagnostic techniques currently relevant to the diagnosis of fasciolosis.

Conclusions and results

The HAS considers that:

- the diagnosis of suspected fasciolosis involves the immunoenzymatic detection of circulating antibodies (EIA or ELISA), or by indirect haemagglutination (IHA) and by immuno-blotting (IB, Western Blot);
- the other techniques are obsolete: immunoelectrophoresis (IELP), electrosyneresis (ELS), coelectrosyneresis (COES), sensitised haemagglutination (HAGG), indirect immunofluorescence (IIF) and Ouchterlony double immunodiffusion (Ouchterlony-DID);
- serological monitoring of fasciolosis, with iterative search for serum antibodies used for screening serological diagnosis, is indicated only in the special case of diagnosis during the early phase of the disease (invasion phase). It allows treatment efficacy to be monitored. In all other cases, monitoring is currently performed by imaging.

Methods

The assessment method involves conducting a critical analysis of available synthetic literature compiled with the position of professional bodies.

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