

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

Trichinellosis is a cosmopolitan zoonosis transmitted by eating raw meat contaminated with a nematode of the genus *Trichinella*. Between 2001 and 2003 in France, there were approximately ten confirmed cases. In humans, trichinellosis occurs in the form of small sporadic epidemics.

Human trichinellosis generally starts with diarrhoea and high fever, facial oedema and myalgia. Depending on the occurrence of neurological or cardiac complications, the prognosis may be dramatic. Depending on the extent of contamination, human trichinellosis may go unnoticed, be limited to palpebral oedema, or be fatal following allergic shock.

Biological diagnosis relies on serology and possibly muscle biopsy.

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

Conclusions and results

The HAS considers that:

- the diagnosis of suspected trichinellosis involves the immunoenzymatic detection of circulating antibodies (EIA or ELISA), or by indirect immunofluorescence (IIF) and by immuno-blotting (IB, Western Blot);
- the other techniques are obsolete: immunoelectrophoresis (IELP), electrosyneresis (ELS), coelectrosyneresis (COES), sensitised haemagglutination (HAGG) and Ouchterlony double immunodiffusion (Ouchterlony-DID);
- indirect haemagglutination (IHA) is irrelevant to the diagnosis of trichinellosis;
- serological monitoring of trichinellosis, with iterative search for serum antibodies used for screening serological diagnosis, is no longer indicated; monitoring is now 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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