

Pain in Parasitic Diseases: Urogenital Schistosomiasis in Women, Plague and Onchocerciasis

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In our scientific research work, are included studies on urogenital schistosomiasis, onchocerciasis and plague in Africa. In all of these diseases pain is present. Here, our objective is to give an overview of these diseases that cause pain in humans, based principally on the results/observations obtained by us.

Urogenital schistosomiasis

According to WHO [1]: (i) "In women, the symptomatology is unspecific because urogenital schistosomiasis can provoke gynecological ailments. The most frequently observed signs and symptoms are abdominal and pelvic pain presenting in forms such as dyspareunia, dysmenorrhea, leucorrhoea, menstrual disorders, post-coital bleeding or simple contact bleeding (during an examination), cervicitis, endometritis and salpingitis. The disease evolves most often in a chronic manner. These genital lesions can cause complications such as early abortion, ectopic pregnancy and infertility"; (ii) "urogenital schistosomiasis may present with genital lesions, genital bleeding, pain during sexual intercourse, and nodules in vulva".

In our studies/observations carried out in a project on Schistosomiasis/*Schistosoma haematobium* in Guinea Bissau (West Africa), we have found dysuria and vesical tenesmus, and patients referring to discomfort and pains [2].

Onchocerciasis

In onchocerciasis, also known as river blindness, whose etiological agent is the nematode *Onchocerca volvulus* that is transmitted to humans by species of *Simulium* (blackflies) which are blood- sucking insects (Diptera: Simuliidae), the bites are classically painful and show a small haemorrhagic spot [3,4].

On the other hand, between the manifestations of onchocerciasis are also, musculoskeletal pains [5].

Plague

Plague, in the Middle Ages known as Black Death, continues to occur at permanent foci in many countries, in Africa, Asia, South America, and even the USA. In our study on plague in Angola, we can verify the presence of strong pains in patients with plague, and in several cases a light contact with their skin in legs was sufficient for the occurrence of a strong reaction of pain in the patient [6].

Conclusions

We confirm that pain is present in these parasitic diseases. Then, in the treatment of those diseases, the pain may be considered together with the specific treatment for those diseases.

Author's Contribution

All the authors have contributed in the same way.

Disclosure

All the authors declare that have not any financial or other relationships that might lead to a conflict of interest.

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