Strongyloidiasis in a mine worker

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To the Editor,

Papendorp et al. described a patient with disseminated Strongyloides stercoralis hyperinfection after steroid use.1 The case underscores the necessity of a complete travel history before starting high-dose steroids. I would like to point out that Strongyloides has also been endemic in areas outside the tropics and that just a travel history is insufficient.

At the former St. Jozef Hospital in Kerkrade (in the southern part of the Netherlands) we treated a 74-year-old man with intensive chemotherapy for a non-Hodgkin lymphoma in 1993. During this treatment the patient developed a disseminated Strongyloides stercoralis infection with microscopically confirmed larvae in the sputum. He had never travelled to or lived in a tropical area. He was born in Poland and came as a young man to the Netherlands and had stayed all his life. However, he did work for many years in the Dutch coal mines. As the older staff physicians know, infection with Strongyloides was quite common in the coal mines. The conditions in the coal mines were favourable for Strongyloides due to the high temperature and humidity.

Although the last mines closed in 1974, there are still many elderly people who once worked in the mines and strongyloidiasis should be kept in mind.

REFERENCE