



# **Neuroparasitology and Tropical Neurology: Chapter 7. American trypanosomiasis (Handbook of Clinical Neurology)**

*Francisco Javier Carod-Artal*

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American trypanosomiasis is a parasitic disease caused by the flagellate protozoan *Trypanosoma cruzi*. Chagas disease is endemic in Latin America, where an estimated 10–14 million people are infected, and an emerging disease in Europe and the USA. *Trypanosoma cruzi* is transmitted by blood-sucking bugs of the family Reduviidae. *Rhodnius prolixus*, *Panstrongylus megistus*, *Triatoma infestans*, and *T. dimidiata* are the main vectors in the sylvatic cycle. Non vector-borne transmission includes blood transfusion, congenital and oral transmission, transplantation, and accidental infections. Most cases of acute infection occur in childhood and are usually asymptomatic, although severe myocarditis and meningoencephalitis may occur. Approximately 30% of *T. cruzi*-infected people will develop the chronic stage of the disease. Chronic chagasic cardiomyopathy is characterized by progressive heart failure, arrhythmias, intraventricular conduction defects, sudden death, and peripheral thromboembolism. Acute exacerbation can occur in individuals with involvement of cellular immunity such as advanced AIDS (acquired immunodeficiency syndrome), and transplant-associated immunosuppression. Neurological involvement may present with encephalitis, meningoencephalitis, or a space-occupying cerebral lesion called chagoma. Chagas disease is a major cause of ischemic stroke in Latin America. Several epidemiological studies have found an association between *T. cruzi* infection and cardioembolic ischemic stroke. Benznidazole and nifurtimox are the two available trypanocide drugs against *T. cruzi*.

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