

Letters to the Editor

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Chagas Disease Is a Consideration in Latino Patients

Original Article: Caring for Latino Patients

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TO THE EDITOR: We read this article with great interest. However, the author did not mention Chagas disease among the special medical conditions that disproportionately affect persons from Central and South America.

Worldwide, an estimated 8 million persons—mainly in continental Latin America—are thought to have Chagas disease.¹ An estimated 300,000 of these persons live in the United States.¹

Chagas disease is caused by *Trypanosoma cruzi*, a protozoan parasite transmitted principally by bloodsucking insects of the subfamily *Triatominae*¹ that typically live in cracks in the walls of mud and straw houses in rural Latin American communities. Transmission can also occur congenitally and by laboratory accidents, contamination of food with feces of triatomines, and transfusion or transplantation of infected blood or organs.¹

Acute infection with *T. cruzi* is usually asymptomatic and is followed by a chronic asymptomatic phase that, in about one-third of cases, leads to severe organ involvement (cardiomyopathy and/or intestinal megasyndromes) after 10 to 30 years.¹ The infection may reactivate and cause severe manifestations in immunosuppressed patients.¹

A cross-sectional study showed that 13% of Latino immigrants with dilated cardiomyopathy who were living in New York City had Chagas disease.² It has been diagnosed in U.S. organ and blood recipients³ and in an infant born to a Bolivian mother.⁴

Chronic Chagas disease can be diagnosed through serologic testing, whereas parasitologic and molecular testing is useful for acute, congenital, and reactivated

infections.¹ Antitrypanosomal treatment is recommended for patients with acute, congenital, or reactivated infections, and for patients younger than 18 years who have chronic disease. Antiparasitic treatment should generally be offered to adults without advanced heart disease because it appears to slow the development and progression of Chagas disease cardiomyopathy; it generally should not be offered to patients who have advanced chagasic cardiomyopathy with congestive heart failure.⁵ Health care professionals should be aware of Chagas disease to provide appropriate care to Latino patients and help stop transmission of the disease.

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Correction

Incorrect maintenance dosage for phenobarbital. The article “Management of Status Epilepticus” (August 1, 2003; p. 469) contained an error in the maintenance dosage of phenobarbital for treatment of status epilepticus in Table 2 (p. 474). The dosage should have been 1 to 3 mg per kg per day, rather than 1 to 4 mg per kg per hour. The online version of this article has been corrected. ■