

Why Missed Detection of Strongyloidiasis is Dangerous?

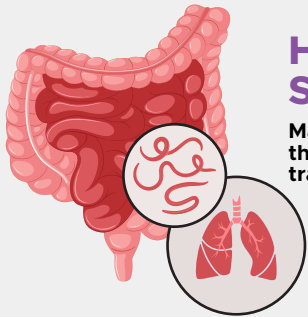
Mortality rate of hyperinfection syndrome and disseminated strongyloidiasis can reach almost 90% if left untreated

STRONGYLOIDIASIS IS OFTEN ASYMPTOMATIC BUT POTENTIALLY FATAL.

Strongyloidiasis is a chronic human parasitic infection mainly caused by *Strongyloides stercoralis*, a soil-transmitted helminth (STH) capable of persisting in the human host for decades through a unique autoinfection cycle. This ability allows larvae to reinvade the host without external re-exposure, making strongyloidiasis fundamentally different from other STH infections and a major reason it often remains undetected for years.

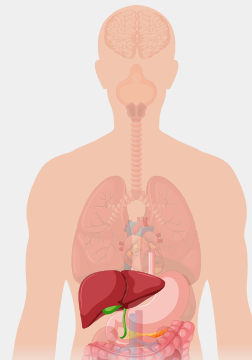
WHY MISSED DETECTION OF STRONGYLOIDIASIS IS DANGEROUS?

In at-risk patients, strongyloidiasis can rapidly progress to:



HYPERINFECTION SYNDROME

Massive increase of larvae in the gastrointestinal (GI) tract and lungs



DISSEMINATED INFECTION

Larvae invade to multiple organs (liver, central nervous system, heart, skin, etc.)



LEFT UNTREATED, THE MORTALITY RATES OF HYPERINFECTION SYNDROME AND DISSEMINATED STRONGYLOIDIASIS CAN APPROACH **90%**.

WHO ARE AT HIGHER RISK OF SEVERE DISEASE (HYPERINFECTION/DISSEMINATED STRONGYLOIDIASIS)?

1 IMMUNOSUPPRESSED INDIVIDUALS



Patients infected with human immunodeficiency virus (HIV) or human T-lymphotropic virus type 1 (HTLV-1)



Patients receiving chemotherapy for cancer



Solid organ transplant recipients



Hematopoietic stem cell (bone marrow) transplant recipients



Advanced chronic kidney disease (CKD)



Patients with autoimmune or inflammatory diseases receiving immunosuppressive drugs (e.g. rheumatoid arthritis)



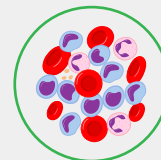
Patients with severe malnutrition or other causes of impaired cellular immunity

2 PATIENTS RECEIVING CORTICOSTEROID THERAPY

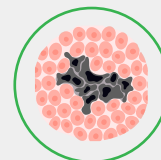


Both short-term and long-term systemic corticosteroid therapy can increase the risk of *Strongyloides* hyperinfection syndrome

3 PATIENTS WITH HAEMATOLOGICAL MALIGNANCIES



Leukemia



Lymphoma and other haematological malignancies

WHY PROACTIVE SCREENING OF STRONGYLOIDIASIS MATTERS

1 STRONGYLOIDIASIS IS PREVENTABLE AND TREATABLE

Although *Strongyloides stercoralis* infection may persist silently for decades, it is preventable and treatable.

Effective Treatment Available

Ivermectin has been shown to be safe and effective in clearing infection and reducing parasite burden.

Prevention of Hyperinfection in Asymptomatic Carriers

Screen at-risk individuals before initiating immunosuppressive therapy, especially corticosteroids, and treat seropositive individuals.

Clinical Insight

Asymptomatic strongyloidiasis is common, but once detected and treated, progression to severe forms can be prevented.



2 SCREENING BEFORE IMMUNOSUPPRESSION CAN BE LIFESAVING

Patients receiving immunosuppressive therapy, especially corticosteroids or biologics, are at risk of progression from latent strongyloidiasis to hyperinfection syndrome or disseminated disease, which is often fatal if unrecognized.

Corticosteroid

Corticosteroids suppress the immune response that control autoinfection, allowing unchecked larval proliferation.

Guideline support

Several expert reviews recommend screening for strongyloidiasis in all patients scheduled for immunosuppressive therapy, especially in endemic regions or in those with epidemiological risk factors.

Clinical Insight

Identifying and treating chronic strongyloidiasis before initiating immunosuppression effectively prevents hyperinfection syndrome and disseminated strongyloidiasis.



3 EARLY DETECTION PREVENTS DEVASTATING COMPLICATIONS AND DEATH

When chronic strongyloidiasis remains undetected before immunosuppression, hyperinfection syndrome or disseminated strongyloidiasis may develop, leading to potential life-threatening complications such as sepsis, respiratory failure, meningitis, and multiorgan failure. These complications are associated with high mortality rates, even with treatment.

High mortality

Mortality among patients with hyperinfection syndrome, particularly when complicated by bacterial sepsis, can exceed 60–85%. Disseminated strongyloidiasis carries an even higher mortality, reaching up to 87%.

Complication reduction through screening

Early detection enables pre-emptive treatment to clear infection before immunosuppression, markedly reducing the likelihood of severe sequelae.

Clinical Insight

Delayed diagnosis is associated with systemic bacterial sepsis and multi-organ dysfunction, underscoring why early detection is vital.



DON'T WAIT FOR SYMPTOMS: EARLY SCREENING FOR STRONGYLOIDIASIS SAVES LIVE

Strongyloidiasis is a silent threat with potentially devastating consequences when overlooked. What often begins as an asymptomatic, chronic infection can rapidly become a life-threatening medical emergency once the host becomes immunosuppressed.

With mortality rates approaching 90% in severe cases, missed diagnosis is more than a diagnostic failure—it may result in preventable mortality. Proactive screening, timely diagnosis, and effective treatment offer a powerful opportunity to interrupt this trajectory. By identifying and treating strongyloidiasis early, especially before immunosuppression, clinicians can prevent hyperinfection, avoid catastrophic complications, and ultimately save lives.

**Early detection of
Strongyloidiasis**
is not optional; it is lifesaving.



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