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A Case Report

**A YOUNG MALE PATIENT WITH BILATERAL VARICOSE
VEINS AND RIGHT LIMB ELEPHANTIASIS: ALLIED
HOSPITAL FAISALABAD, PAKISTAN**Noor-ul-ain^{1*}, Talha Bin Saeed², Saleeha Sajjad³^{1*} Department of Pharmacy; The University of Faisalabad, Pakistan² Department of Internal Medicine; College of Physicians and Surgeons of Pakistan³ Department of Pharmacy; The University of Faisalabad, Pakistan**Article Received:** August 2021**Accepted:** August 2021**Published:** September 2021**Abstract:**

The lymphatic filariasis is recurrently instigated by a worm called Wuchereria bancrofti which is an extensively disseminated filarial worm all the way through sultry areas of Asia in addition to Africa. Here presented a case of 33 years old male who presented in the outpatient department (OPD) with complaint of right leg swelling for last 6 years and he felt pain on and off and also had complaint of tortuous dilated vessels involving both lower limbs. The microfilariae were appeared in PBF (peripheral blood film) of patient. The diagnosis of bilateral varicose veins with right limb filarial elephantiasis was made. The patient undertook the varicose ligation of incompetent valves and phlebectomy and then refer to the the plastic surgery for debulking and skin grafting procedure and planned to be initiated on DEC (Diethylcarbamazine Citrate) a drug of selection in such cases of filarial infections.

Keywords: Lymphatic, Elephantiasis, Filariasis, Debulking, Varicose

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INTRODUCTION:

Elephantiasis is comparatively an infrequent chaos resulting after the obstruction of the lymphatic networks of pretentious portion of body. The most common sites involved are lower limbs as well as the scrotum in males in addition to infrequent additional sites as breasts, trunk, and upper limbs as well as occur rarely in female genitalia. In tropical regions the genital elephantiasis in males is more prevalent. All these complications are due to both infectious and non-infectious ailments.

The preponderance of cases is owing to filariasis. If it is left untreated, lymphatic filariasis is the most important reason of enervating as well as defacing chronic type of disease appearance particularly if it occurs in the form of elephantiasis, lymphedema, as well as hydroceles².

The Filariasis is considered to be an endemic in tropical as well as sub-tropical regions. The *Wuchereria bancrofti*, which is the most common source of filarial taints, is appraised to pollute almost more than 100 million people in these tropics and among these 1/3rd is African.

A 33 years old male presented in Outdoor Patient Department of Allied hospital, Faisalabad medical university, Faisalabad, Pakistan, with gradual worsening of right leg swelling for 6 years and prominent dilated vessels of both lower limbs for 2 years. There was no history of pain, fever, shortness of breath, diarrhoea, vomiting and skin changes. He was nonsmoker, no prior surgical history and no history of drug abuse. On examination he was vitally stable with right leg unilateral grade 2 pitting edema with tortuous dilated veins bilaterally. There was no redness, warmth or tenderness. There was no motor weakness or sensory change.

Doppler ultrasound of lower limbs showed multiple tortuous channels in the anteromedial aspect of left leg and anteromedial and lateral aspect of right leg. Edematous changes seen with no cellulitis, incompetent perforation at level of Dodd, Doyd, Cockett II and III level. The lymphoscintigraphy showed lymphedema of right lower limb. And left lower limb shows normal ascent with inguinal lymph nodes. Abdominal ultrasound and CT abdomen angiography was unremarkable. All baselines were done and reports are attached here He was diagnosed as bilateral varicose veins with right leg elephantiasis.

CASE REPORT:

INVESTIGATION		STATUS
01	Hb	11.6
02	WBC	6800
03	Platelet Cout.	259000
04	RBS	
05	Urea	28
06	Creatinine	1.0
07	Serum Bilirubin	
08	ALT	
09	AST	
10	ALP	
11	PT	15s
12	APTT	35s
13	Serum Na ⁺	142
14	Serum K ⁺	4.0
15	Hep. B	-ve
16	Hep. C	-ve
17	HIV	
18	CXR	✓
19	ECG	✓
20	P.O. Blood	✓
21	Pre-op Orders	✓
22	Consent	✓

Figure 1: Baselines of patient

Table 1: pre-operative comorbidity data of patient

Sr.no.	Risk factor	Status
1	Smoking	No
2	Diabetes mellitus	Negative
3	Hypertension	Negative
4	Ischemic heart disease	Negative
5	Asthma	Negative
6	Tuberculosis	Negative
7	Chronic liver disease	Negative
8	Chronic kidney disease	Negative
10	Obesity	Negative

Patient was treated on both surgical as well as other therapeutic interventions. Varicose ligation of incompetent valves and phlebectomy was done and then referred to plastic surgery for debulking and skin graft procedure. Also, trendelenburg procedure was done on right side. Drugs given were ceftriaxone 1g IV (intravenous) BD (twice a day), omeprazole IV (intravenous) 40mg OD (once a day), Paracetamol injection IV (intravenous) BD (twice a day), ketorolac IV (intravenous) BD (twice a day) and Diethylcarbamazine Citrate 100mg PO (per oral) TDS (thrice a day) was given for filariasis. . After recovery the patient was discharged.

**Fig2:** clinical appearance of elephantiasis**DISCUSSION:**

Generally, the utmost communal reason of the elephantiasis is Filariasis which can contemporaneous as those asymptomatic or the

subclinical microfilaraemia, and the acute ailment categorized by lymphangitis or lymphadenitis, or chronic in nature as elephantiasis.

Vector for spread of filarial worm is the mosquito as *Culex*, *Anopheles* *Aedes* in addition to *Mansoni* species as well as a twosome of filarial worms are recognized to contaminate human subsequently a extensive life cycle in their vector; these embrace, *Brugiamalayi*, *Wuchereria bancrofti* as well as *Brugiatimori* however among these commonest filarial contamination is that owed to *Wuchereria bancrofti* secretarial for as more than 80 percent among all cases.

Men are supplementary vulnerable to long-lasting sequelae of the elephantiasis as likened to women. In descendent mandate, elephantiasis typically demonstrates as hydrocele, trailed through elephantiasis of complete lower limb, the entire arm, scrotum, the vulva, as well as breast³.

Findings for the verdict, elimination of additional probable reasons of elephantiasis is predominantly significant since the demonstration might look like additional recognized pathological circumstances. Additional probable reasons of elephantiasis can also be there as the non-filarial contagious or other as non-infectious at all as well as these may embrace; venereum, lymphogranuloma and donovanosis, tuberculosis as well as the malignancies. Supplementary subordinate reasons comprise as lymphadenectomy as well as radiation remedy. The fully-grown filarial worms animate in lymphatic system of human in addition to instigating impediment of the lymphatic drainage as well as henceforth puffiness of the convoluted part as well as are supposed to remain reason of lymphatic filariasis however it is not flawless as to whether the subsequent bulge is owing to the worm or the consequence of immune rejoinder to the louse. Absenteeism of microfilariae on the peripheral blood in indicative patients is a communal verdict in medical training therefore it is commonly clinched that the microfilaremia in the peripheral blood cannot eliminate filarial ailment nor its existence represent the verdict^{3,4}.

In this case though the diagnosis was made based on demonstration of the microfilaremia in peripheral blood film which provided a higher grade of inevitability for the occurrence of the ailment procedure. Mosquito vectors spread larvae that mature into grown-up worms inside human body⁵.

Ethical issues:

Informed consent was obtained from the patient for case report.

Conflict of interest:

There is no conflict of interest

Acknowledgement:

None

Patient consent form

I Shahid Mehmood give my permission to the hospital staff of Allied Hospital Faisalabad, Pakistan to use the information related to my disease for the purpose of case report publishing. I have no issue for doing this.

Thank you,

Date,

Regards

5/8/2020

Shahid Mehmood

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