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Chagas Disease: Immigrating into the United States

Angela Metzger

Otterbein University, angela.metzger@otterbein.edu

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Angela Metzger, BSN, RN
Otterbein University, Westerville, Ohio

Introduction

Chagas Disease is starting to make a profound entrance into our communities within the United States. The influx of the immigrant population is the principal cause of the accumulation in the number of reported cases. (Center for Disease Control and Prevention, 2014).

Overview Incidence

The disease is most prominent in Mexico and Central and South America, which has seen a total of 10 to 14 million cases. However, in the United States, the disease is increasing due to immigration of infected persons. (Center for Disease Control and Prevention, 2014).

Signs and Symptoms

Chagas disease has two phases: acute and chronic. The acute phase may have no symptoms or very mild symptoms. After the acute phase, the disease goes into remission, but its symptoms may appear for many years. (New York Times, 2011).

The clinical features of megaeosinophils include chief pain, dysphagia, cough and rengestion, hypertrophy, paracentral amyloidosis and repeated aspiration may also occur, while coughing, skin and abdominal pain are the typical symptoms of patients with megaeosinophils; however, in patients with advanced megaeosinophils, obstruction, perforation, and eosin may develop. (Stevens, Dorn, Hobson, de la Rua, 2011).

The most serious and common manifestation of chronic Chagas infection is the chagas cardiovascular disease, the earliest sign of which includes the conduction system abnormalities (right bundle branch block and left anterior hemiblock), and with the progression of the disease patients may develop atrial and ventricular arrhythmias, left ventricular dysfunction, thrombi embolic events, dilated cardiomyopathy and congestive heart failure with a risk of sudden death. (Lucero, Klotz, & Klotz, 2012).

Echocardiography with chronic chagasic heart patients reveals left ventricular dysfunction, dysphagia segments, ventricular aneurysm (apical or other), low ejection fraction, severe valve disease, and dilatation and dysfunction of right valve. (Mandal, 2014).

No symptoms or very mild symptoms, including:

- Fever
- Malaise
- Swelling of one eye
- Dry mouth
- Swelling of the eye
- Headache
- Digestive problems
- Pain in the abdomen
- Swallowing difficulties.

Complications

Cardiomyopathy

Enlargement of the colon (megaeosinophil)

Enlargement of the hepatic (megaeosinophilic) with swallowing difficulty

Heart disease

Malnutrition

Pathophysiological Processes Underlying Pathophysiology

Significance of Pathophysiology

Diseases or illnesses that are underdiagnosed, untreated, and lack the education of healthcare professionals have always been of interest to us. Not to mention the bugs that carry these diseases must be diagnosed and eradicated. With the increasing number of immigrants migrating to the US, the need for such education will become necessary to correctly diagnose and treat those individuals with this infection. Educating nursing students and other seasoned nurses on material that is still new to an emerging epidemic, like Chagas disease, has been neglected. A rarity. The current, past and coming infections created from the treintas insect may just be additional to add to nursing and medical schools curricula in detail if the rise of Chagas Disease becomes more prevalent in the United States. Kuo


Conclusion

Limited resources have been devoted to better understanding the impact and burden of Chagas Disease in the United States. Physicians may not be familiar with these infections because their clinical presentation, diagnosis and treatment are typically not emphasized during medical training. Even when Chagas disease is suspected, US physicians may not readily embrace the diagnosis. Some assume it’s an illness they’re unlikely to encounter while others may fail to provide follow-up and treatment. Physicians in the United States aren’t well-versed in diagnosis and treatment, because medical education devotes limited time to parasitic diseases in general. (Kuo, 2015). However, this is a concern for family physicians to understand the basic principles of diagnosis and treatment of these diseases. (Woodhall, Cantey, Wilkins, & Montgomery, 2014) As well as nurse practitioners and nursing staff.

References Cited


Additional Resources
