

Possible New Focus of Diphyllbothriasis, Central Europe

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Diphyllbothriasis is a human parasitic infection that is widespread in the Northern Hemisphere. Popular sport fish such as pike and perch are the source of human infection. We document the autochthonous origin of diphyllbothriasis in a popular tourist destination in Central Europe, which likely marks recent colonization of the parasite.

In contrast to most human parasitic infections, which occur mainly in tropical and subtropical regions that have lower standards of hygiene and less economic development, diphyllbothriasis (also known as dibothriocephalosis) is more common in temperate and cold latitudes. The disease, which is caused by the human broad tapeworm (*Dibothriocephalus latus*), is particularly prevalent in the Northern Hemisphere. The source of infection is the consumption of popular sport fish, such as pike and perch (1–4).

There are 4 main foci of diphyllbothriasis in Europe: Fennoscandia; Baltic region; the Alpine lakes; the Danube region; and certain areas in Russia (Figure). The number of cases decreased drastically after World War II (4). Today, only small foci remain, mainly in the Alpine lakes of northern Italy, Switzerland, and France, where diphyllbothriasis continues to circulate (4,5).

With the exception of a few imported cases, no cases of human diphyllbothriasis or of fish infected with parasite larvae have been reported in Central Europe (Czech Republic and neighboring countries such as Austria, Hungary, and eastern Germany), although the fish parasites have been intensively studied for over a century (4,6,7). In 2024, however, an autochthonous case of diphyllbothriasis caused by *D. latus* was documented in the Czech Republic.

A 37-year-old man, who had not traveled to known diphyllbothriasis-endemic areas and had not previously consumed raw or undercooked fish or fish products, obtained a pike (*Esox lucius*)

caught in October 2023 near Horní Planá, the largest settlement on the Lipno reservoir (48.7 km²) in South Bohemia, Czech Republic (Figure). He consumed ≈1 teaspoon of raw salted roe (caviar) from the pike, which is the most common source of diphyllbothriasis in many parts of Russia (8). Two months later, he experienced occasional abdominal bloating. After another 2 months, he expelled a piece of tapeworm with dozens of proglottids. A coprologic examination confirmed the presence of the typical diphyllbothriid eggs. Treatment with mebendazole (Vermox, 6 tablets) (Johnson & Johnson, <https://www.jnj.com>) was unsuccessful, but the tapeworm was later completely expelled after a single dose of praziquantel (Biltricide) (Bayer, <https://www.bayer.com>). Sequencing of the complete mitochondrial cytochrome *c* oxidase subunit I gene (*cox1*) from the eggs (GenBank accession no. PQ270068) confirmed the species identity as *D. latus*. Because the patient could not have been infected elsewhere and his symptoms appeared after eating the pike roe, considering his infection as an autochthonous case of diphyllbothriasis is reasonable. Furthermore, raw products from fish that serve as second intermediate hosts for the human broad tapeworm (i.e., pike, perch, or ruffe) are not imported into the Czech Republic.

The Lipno Reservoir is a popular year-round tourist destination in the Czech Republic, attracting hundreds of thousands of visitors every year, including many local and foreign anglers. The fish parasites in that reservoir were intensively studied in the 1960s after the construction and filling of the reservoir (9). However, *D. latus* has never been found in Central Europe, apart from a single case in the 1960s in an angler from southwestern Slovakia who consumed raw perch from the Danube (4,6,10) (Figure). A presumably autochthonous, unpublished but molecularly identified (*cox1*; GenBank accession no. PQ270069) case from 2014 involved a 43-year-old angler from the Czech Republic who had consumed pike from northeastern and southern Bohemia, Czech Republic (as in this case) and had not traveled to diphyllbothriasis-endemic areas.

Given the intensive study of the reservoir and the popularity of the area, the parasite going undetected for decades seems unlikely. The reservoir has also never been stocked with fish imported from abroad, such as pike, perch, or ruffe, so it is unlikely that the tapeworm was imported from diphyllbothriasis-endemic areas through

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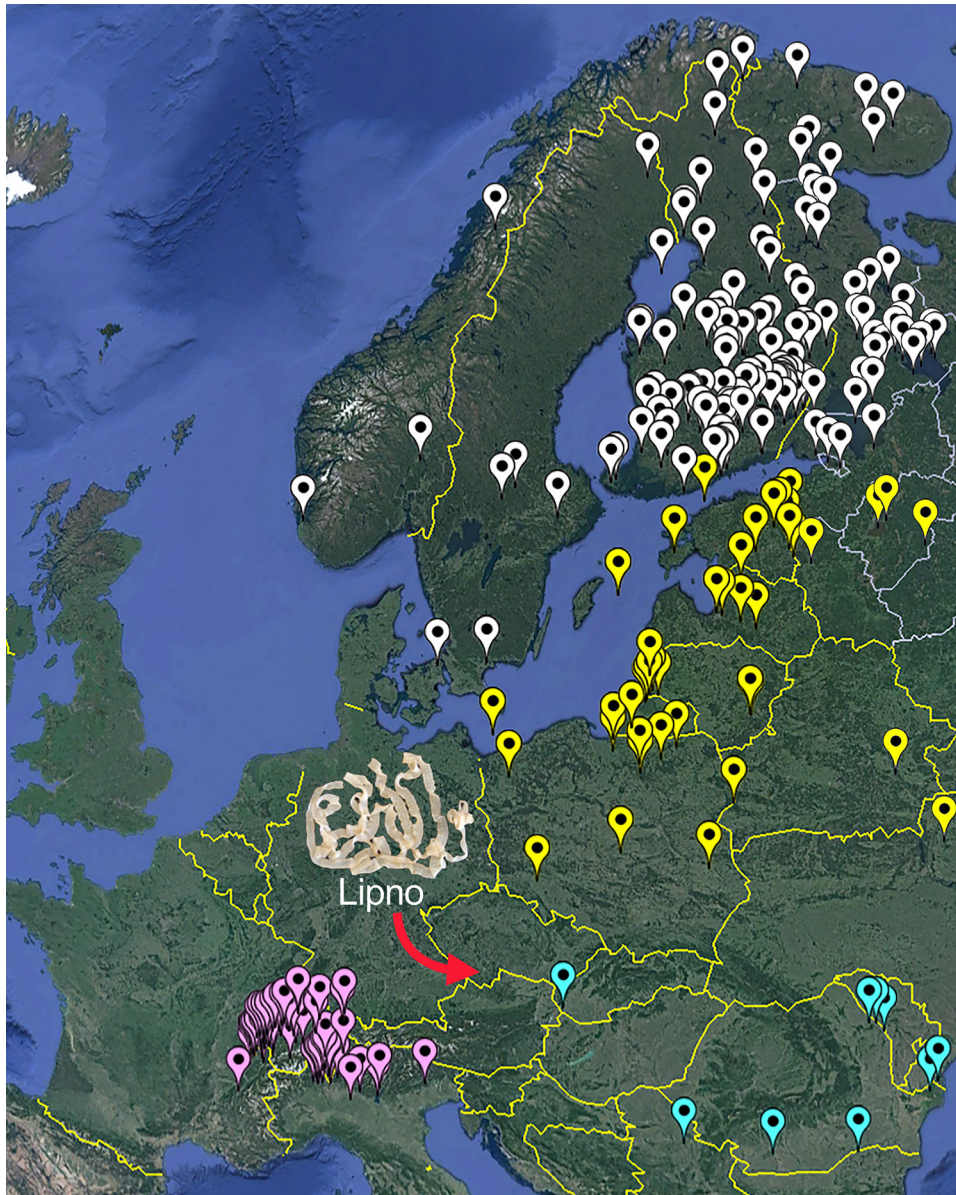


Figure. Map of the distribution of *Diphyllocephalus latus* in Europe according to Králová-Hromadová et al. (4) and Kuecha et al. (8). Diphyllobothriasis-endemic areas in Europe are identified by different colors: white indicates Fennoscandia, yellow indicates Baltic region, purple indicates Alpine lake region, and turquoise indicates Danube region. Red arrow indicates the newly reported case from the Czech Republic.

fish. During the examination of 108 potential second intermediate hosts (10 pike [including the pike whose eggs caused the human infection], 53 perch, and 54 ruffe) from the Lipno Reservoir in May and August 2024, no plerocercoids of *D. latus* have been found. However, the prevalence of the fish infection might be low even in other known foci of diphyllobothriasis (5). Therefore, a plausible explanation for the possibly autochthonous occurrence of *D. latus* in Central Europe is a recent appearance of the parasite in this ecosystem, probably introduced by tourists from a diphyllobothriasis-endemic area, such as the lake regions of northwestern Russia (8).

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COMMENT LETTER

Sporotrichosis in Domestic Cat and Zoonotic Transmission

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To the Editor: Recent cases of feline sporotrichosis with zoonotic human infection have been highlighted in Kansas, USA (1). We describe a challenging feline sporotrichosis case in Oklahoma, USA, that emphasizes the critical need for early diagnostic strategies to mitigate the risk of further zoonotic transmission. Of note, the cat also scratched the veterinarian and owner and severe skin lesions subsequently developed on both of them; lesions resolved within 2 weeks (M. Carver, unpub. data, telephone report).

A 4-year-old domestic short-haired cat was taken for veterinary care with a raised, nodular, ulcerated mass on its right front foot. The mass was unrespon-

sive to antibacterial treatment and progressively necrosed; the leg was subsequently amputated. A similar lesion developed on the left front foot. Skin biopsy samples from the cat's left front foot were submitted for analysis. Histopathology revealed dermal infiltrates of neutrophils and macrophages with edema, fibrin, and karyorrhectic debris. We observed numerous intrahistiocytic and extracellular round to oval, faint basophilic 4 to 10- μ m diameter yeasts surrounded by a clear halo (Figure 1, panel A, black arrowhead). Gram and Grocott methenamine silver stains showed yeasts with occasional cigar-shaped morphology (Figure 1, panel B, magenta arrow). We identified the fungal culture colonies as *Sporothrix schenckii* by using matrix-assisted laser desorption/ionization time-of-flight (MALDI-TOF) mass spectrometry. We cultured and identified a large number of secondary bacterial contaminants from the lesions.

Sporotrichosis caused by dimorphic fungus of the genus *Sporothrix* presents potential diagnostic challenges because it can manifest in various clinical forms in human patients (2). The differential diagnoses for sporotrichosis in cats, because of overlapping clinical features, include feline leprosy, bartonellosis, atypical mycobacterial infections, *Staphylococcus* spp. pyoderma, dermatophytosis (ringworm), cutaneous lymphoma, deep mycoses (cryptococcosis,