e-Table: Summary of cases of complicated or disseminated* strongyloidiasis

Case	Age, sex, place of birth	Presentation	Specimen site where *Strongyloides stercoralis* first isolated	Risk factors	Treatment and follow-up	Comments
1	61 M, Cambodia	Nausea, vomiting, acute renal failure; dissemination	Sputum	Prednisone 5 mg once daily x 4 yr for arthritis; renal failure; diabetes mellitus	Albendazole 400 mg twice daily and ivermectin 15 mg once daily x 5 d; died	*Escherichia coli* bacteremia
2	24 F, Grenada	Painful knees, ankles, feet, back, abdominal pain, nausea, vomiting, fatigue; dissemination	Sputum	HTLV-1-associated T-cell leukemia	Thiabendazole; radiation, zidovudine and alpha-interferon for leukemia; lost to follow-up	Eosinophilia present (eosinophil count 0.85 x 10^9/L)
3	66 M, Jamaica	Repeated episodes of nausea, vomiting, weight loss	Duodenal biopsy, gastric aspirate, *Strongyloides* serology, stool	HTLV-1 infection	Albendazole 800 mg once daily x 7 d and ivermectin 12 mg x 1 dose; clinically well at follow-up	Refractory strongyloidiasis unresponsive to standard albendazole treatment; no eosinophilia
4	50 M, Jamaica	Nausea, vomiting, dehydration with calcium concentration 5 mmol/L at presentation; management of hypercalcemia included corticosteroids; subsequent dissemination	Sputum	HTLV-1 hematologic cancer; corticosteroids	Died	No eosinophilia
5	75 M, Jamaica	Malaise, weight loss, anorexia; dissemination to lung and CNS	Sputum	Chronic alcohol use	Albendazole 400 mg twice daily and ivermectin; lost to follow-up	Larva currens;† no eosinophilia
6	38 M, Guyana	Epigastric pain, vomiting, weight loss	Stool	N/A	Albendazole 800 mg once daily x 7 d and ivermectin; died	End-stage AIDS‡ (CD4 count 92); *Klebsiella* bacteremia and pneumonia; concurrent CNS toxoplasmosis, pulmonary TB; no eosinophilia
7	37 F, Southeast Asia	Nausea, anorexia, then cough; dissemination	Sputum	SLE with corticosteroid pulse	Died	N/A
8	73 M, Guyana	COPD exacerbation, weight loss, fatigue; dissemination	Sputum	Prednisone 10 mg once daily	Ivermectin; lost to follow-up	No eosinophilia at presentation; eosinophilia after therapy (eosinophil count max 1.54 x ^{9}/L)
9	28 F, Southeast Asia	Chronic peripheral edema, then productive cough; dissemination	Sputum, lung biopsy	SLE, lupus nephritis with high-dose corticosteroids	Died	Concurrent PCP; no eosinophilia
10	89 M, Italy	Vasculitis of unclear cause; clinician about to prescribe corticosteroids when incidental eosinophilia noted; stool sample sent for O+P screening	Stool	Cirrhosis, prostate cancer	Thiabendazole; clinically well at follow-up	Italian army officer posted in Ethiopia 1930–1940; eosinophilia present (eosinophil count max 2.54 x 10^9/L)

Note: HTLV-1 = human T-cell lymphotropic virus type 1, CNS = central nervous system, TB = tuberculosis, SLE = systemic lupus erythematosus, COPD = chronic obstructive pulmonary disease, PCP = *Pneumocystis* pneumonia, O+P = ova and parasites.

*Dissemination refers to pulmonary dissemination unless otherwise specified.

†Larva currens is a distinctive perianal, rapidly moving and pruritic linear eruption due to migration of the larvae that is virtually pathognomonic of strongyloidiasis.

‡Early studies suggested that HIV was a risk factor for strongyloidiasis. Evidence now suggests that strongyloidiasis is a serious but rare complication of late-stage HIV disease and that HIV-infected patients from a strongyloidiasis-endemic area with appropriate symptoms should be evaluated for possible strongyloidiasis. However, HIV itself is not a major risk factor for hyperinfection syndrome.