

Assessment of the clinical profile of patients with digestive impairment associated with Chagas disease in Bahia

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Chagas disease (CD) is caused by the protozoan *Trypanosoma cruzi* (T. cruzi), a neglected disease and persistent public health problem in Latin America, where an estimated 70 million people live with this disease. In Brazil, an estimated 300,000 people have Chagas megaesophagus and/or megacolon. Due to its magnitude, it is necessary to identify T. cruzi infection among people with digestive manifestations so that it is possible to treat and improve the quality of life of those with the disease. The objective of this study is to characterize people with megaesophagus, the history of potential risk for vectorial transmission of T. cruzi and the seroprevalence of anti-T. cruzi.

This is a cross-sectional, descriptive study carried out in the outpatient clinic of a gastroenterology reference hospital (HGRS) in the state of Bahia. For data collection, a previously tested questionnaire was used, applied in the anamnesis of each participating patient, which had questions about lifestyle habits, day-to-day life, diet and current stages of symptoms. Of the 363 people with megaesophagus interviewed, it was observed that they were female (61.2%), had absent dysphagia (30.5%) occasionally (26.6%) daily (10.0%) and in all meals (33.0%), ate consistent foods (74.5%) not consistent (25.5%) if they were solid (1.1%) pasty (57.6%) liquid (38.0%) or through a tube (2.2%), with absent regurgitation (50.4%) occasionally (28.5%) daily (7.5%) and in all (13.6%), salivating a lot (38.2%) little (61.8%), absent chest pain (61.9%) occasionally (26.9%) daily (5.0%) all (6.2%).

Given the clinical characteristics of the interviewees, a comparison of megaesophagus can be made between chagasic and idiopathic patients treated at the outpatient clinic, comparing clinical cases of both situations, corroborated by the patients' lifestyle habits. These findings highlight the need for improvements in screening tests, research on cases of idiopathic megaesophagus, and emphasis on adequate medical care, in addition to more effective public health policies to prevent and reduce the transmission of CD and its epidemiological and social impact.

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