**OP 15: Filarial dance sign (FDS) in patients with lymphatic illariasis**

*Premaratna R1, Chandrasena TGAN2, Gunawardena* ***NK~,*** *de Silva NR2, de Silva HJ! Departments of ! Medicine and*' *Parasitology, Faculty of Medicine, University ofKelaniya*

Background: Lymphatic filariasis causes acute lymphangitis, epididyrno-orchitis, hydrocoele, lymphoedema and nocturnal cough. Diagnostic tests based on circulating filarial antigens (CFA) and filarial antibodies (FAT) have limitations in confirming symptomatic filariasis. Filaria dance sign (FDS) demonstrated using soft tissue ultrasonography permits identification of live adult filarial worms *in-situ.* Objectives: FDS, CFA and FAT status in patients with clinical features suggestive of lymphatic filariasis, Design, setting and methods: Adult males with symptoms suggestive of filarial infection were subjected to scrotal scans using a Toshiba 7.5MHz soft tissue transducer to elicit the FDS. All subjects were screened for CFA and FAT by NOW® Filariasis (Binax Inc. USA) and *On-Site* Filariasis IgG/IgM Rapid Test (Biotech. Inc. USA) respectively.

Results: Forty eight males, mean age 48.5 yrs (SD: 15.2), presenting with lymphoedema of lower limbs (LL, n=20), lower limb cellulitis with lymphangitis (LCL, n=7), hydrocoele (H, n=7). acute epididymo-orchitis (AEO, n=3), hydrocoele with lower limb lymphoedema (HLL, n=2) and nocturnal-cough (NC, n=9) were studied. FDS was demonstrated in 38(79%); 7 patients with H, 16 with LL, 5 with LCL, AEO 1 and 9 with NC. Six of 41 (14.6%) patients tested for filarial antibodies were positive for filaria-specific IgG; 2 of them were also positive for filaria-specific IgM. Two of the six IgG positives were negative for FDS. The 4 IgG and FDS positives had LCL (n=2), H (n=l) and AEO (n=l). All were CFA negative. Conclusions: Although time consuming, demonstration of FDS by soft tissue ultrasonography can be useful in confirming symptomatic filariasis compared to FAT and CFA.