Onchocerciasis: one way of living
Oncocercosis: una forma de vivir

It all began 3 years ago. I was working with an NGO by the name of SED (Solidarity, Education and Development) in a small hospital (St. Patrick’s) in Ofinso, Kumasi-Ghana. Our task was to open a field of ophthalmological work.

I remember that our practice only had an old slit lamp and a Schiotz tonometer but, regardless of such scarcity of means, hundreds of patients queued daily seeking a solution to their terrible ophthalmic problems.

An ophthalmologist, Dr. Michael and his assistant George, were in charge of diagnosing and treating as best they could. I spent with them some time, enough to become identified with the objective of establishing a good ophthalmological unit. I began taking notes of all the urgent needs they had and undertook to return the following year with an additional tonometer, optotypes and even an autorefractometer. Thus I became a member of the St. Patrick team. It became a personal challenge.

From there on I began to make my first contacts, but one day, when leaving the ill-equipped surgery, someone came up to me, a clergyman. He was wearing full attire, ignoring the 40ºC heat. He addressed me by name, which was even more surprising because nobody knew me. He had been told about a white ophthalmologist from Europe, and he told me a heart-wrenching story about a town where everybody is blind. He lived near that town, in the North of Benin, where the borders of Burkina Faso and Togo converge in a town called Tanguietá.

I listened to him attentively and explained my project at the Ghana hospital. He thanked me for my help, but asked me not to forget him. I had no reply. All I could mutter was that I was very concentrated on the Ghana project. He thanked me for my efforts but reminded me that there is a town in Africa «where blindness is a way of life». That idea, of sharing a life with the inability to see, for an entire township, stayed in my mind. I could no longer be evasive. My goal of setting up the practice in St. Patrick was fulfilled and I felt compelled to travel to Tanguietá.

So I promised the clergyman I would visit him the next year and go together to the town of the blind. Months passed and my attempts to obtain information about that place were fruitless, so I was going to travel to a place nobody knew about with a man with whom I’d exchanged a few conversations, however touching. But the day arrived and in August 2005 I travelled to Cotonou, capital of Benin. In its dark, almost lugubrious airport, hundreds of people were waiting, many of them shou-
ting. It was nighttime but I finally spotted the face of Father Thomas. People looked at me with strangeness, probably because I was white and I was visiting a country like Benin.

The next day, after crossing the entire country we reached the Northern region and the town of Tanguietá, possibly one of the poorest places of the planet. We arrived at dusk, after travelling all day along terrible roads.

Early next morning, after a good rest, we went to a hamlet a short distance from Tanguietá. There, I could see a group of people sitting under a tree. They were helped by a few children, who brought them to us while I listened to the dejecting stories of Father Thomas. He told me that nearly everybody there was blind, and there were other hamlets nearby with more blind people. That same day I visited the Hospital of San Juan de Dios, where two Spanish nuns work together with an Italian missionary who is also a surgeon. They clarified a number of questions I had.

We took a group of about ten blind people in the back of a van to the hospital for evaluating them with an old but useful slit lamp. Their corneas were sclerosed (fig. 1). After the evaluation, I went over the literature and the comments of the missionary.

Caused by microfilarial Onchocerca Volvulus. Endemic of central and western Africa as well as central and South America. Transmitted by hematophagous dipters of the Simulium gender in clogged waters. The adult female transmits the larvae to humans. These disseminate subcutaneously and mature as adult worms measuring up to 50m with a life span of up to 10 years. Females produce millions of microfilaries. There are between 8 and 10 million people infected in the world, 1 million of whom are blind. Eyesight is lost due to sclerosing keratitis, chronic anterior uveitis, chorioretinitis or optical neuritis. Nowadays Ivermectine prevents the separation of microfilaries from the adult female. This is the main therapeutic development, but it is not affordable for everyone.

It was clear, this is Onchocerciasis, the river blindness. With those means I could do no more than evaluate the corneas, but the Italian missionary (who did a little bit of everything) told me about people infected by those worms who had clear corneas and still were blind. It had to be a problem of the posterior pole, in that case.

After spending a few days in the region of Tanguietá, crossing the border to Burkina and Togo with Father Thomas, of talking a lot about how little we do for these people, I returned feeling very unhappy. This plague destroys millions of people all over the world and it seems to extend because they are left to their own means. I could also add to the list of unchecked diseases the Buruli ulcer, which I helped reduce in Bouaké-Ivory Coast, or the simple trichiasis which destroys corneas as I witnessed in Backombel-Senegal.

These people need us, and trust that one day we will go to their rescue. But, until that day comes, they will live in blindness. And there will be many more, because onchocerciasis has become their way of life.

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