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NEUROPARASITOLOGY AND TROPICAL NEUROLOGY

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HECTOR H. GARCIA, HERBERT B. TANOWITZ,
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Neuroparasitology And Tropical Neurology Chapter 16

Toxocariasis Handbook Of Clinical Neurology

Christina Marie Coyle



Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology:

Neuroparasitology and Tropical Neurology Alessandra Nicoletti, 2013-07-03 Toxocariasis is one of the most commonly reported zoonotic helminth infections in the world with a higher prevalence in tropical settings and in rural populations. It is caused by the larval stages of the ascarids *Toxocara canis*, the common roundworm of dogs, and probably also by the larval stages of *Toxocara cati*, the roundworm of cats. The clinical spectrum of toxocariasis in humans varies from asymptomatic infection to severe organ injury caused by larval migration to the major organs, visceral larva migrans. Clinical involvement of the nervous system in visceral larva migrans due to *Toxocara* is thought to be rare, although in experimental animals the larvae frequently migrate to the brain. The CNS migration leads to a variety of neurological disorders such as meningoencephalitis, space-occupying lesion, cerebral vasculitis, epilepsy, and myelitis. Several studies have evidenced high seropositivity rates for *T. canis* among people with epilepsy, suggesting that toxocariasis could play a role in the incidence of epilepsy in endemic areas. Diagnosis of neurotoxocariasis is based on the history, blood tests including differential blood cell count, CSF investigations including determination of antibodies anti *Toxocara canis*, and neuroimaging. Like the visceral manifestations, neurological manifestations of toxocariasis are treated with benzimidazole components.

Neuroparasitology and Tropical Neurology Hector H. Garcia, Herbert B. Tanowitz, Oscar H. Del Brutto, 2013-07-03 *Neuroparasitology and Tropical Neurology*, a new volume in *The Handbook of Clinical Neurology*, provides a comprehensive and contemporary reference on parasitic infections of the human nervous system. Parasitic infections are varied, and some are resolved by the host's immune system; other infections may become established even though unnoticed, and some cause severe disease and death. In our modern world, neuroparasitoses are no longer geographically isolated, and these infections now appear worldwide. Outside of a very few well-understood pathologies, most parasitic infections have been neglected in the neurological literature, and most neurologists have never diagnosed such an infection. This volume details how, with the advent of modern neuroimaging techniques, improved diagnostic applications of molecular biology, more accurate immunodiagnosis, and minimally invasive neurosurgery, human nervous system parasitoses are now diagnosed and treated with increasing frequency. The book is divided into six sections and begins with an introduction to the mechanisms of infection, diagnosis, and pathology of parasitic diseases. Subsequent chapters detail protozoan diseases, and a section covering each of the major classes of human-infecting helminths: nematodes, roundworms, trematodes, flukes, and cestodes, tapeworms. The final section contains chapters on other important areas of tropical clinical medicine, including the neurological complications of venomous bites and tropical nutritional deficiencies. *Neuroparasitology and Tropical Neurology* will be of interest to neurologists, neurosurgeons, and other health professionals encountering patients with parasitic infections. A comprehensive reference resource on the diagnosis and treatment of parasitic infections of the human nervous system. Focuses on the impact of modern neuroimaging techniques, improved diagnostic applications of molecular biology, more

accurate immunodiagnosis and minimally invasive neurosurgery to diagnose parasitoses International list of contributors including the leading workers in the field **Neuroparasitology and Tropical Neurology** Veerle Lejon, Marina

Bentivoglio, José Ramon Franco, 2013-07-03 Human African trypanosomiasis or sleeping sickness is a neglected tropical disease that affects populations in sub Saharan Africa The disease is caused by infection with the gambiense and rhodesiense subspecies of the extracellular parasite *Trypanosoma brucei* and is transmitted to humans by bites of infected tsetse flies The disease evolves in two stages the hemolymphatic and meningoencephalitic stages the latter being defined by central nervous system infection after trypanosomal traversal of the blood brain barrier African trypanosomiasis which leads to severe neuroinflammation is fatal without treatment but the available drugs are toxic and complicated to administer The choice of medication is determined by the infecting parasite subspecies and disease stage Clinical features include a constellation of nonspecific symptoms and signs with evolving neurological and psychiatric alterations and characteristic sleep wake disturbances Because of the clinical profile variability and insidiously progressive central nervous system involvement disease staging is currently based on cerebrospinal fluid examination which is usually performed after the finding of trypanosomes in blood or other body fluids No vaccine being available control of human African trypanosomiasis relies on diagnosis and treatment of infected patients assisted by vector control Better diagnostic tools and safer easy to use drugs are needed to facilitate elimination of the disease *Neuroparasitology and Tropical Neurology* Devender Bhalla, Michel

Dumas, Pierre-Marie Preux, 2013-07-03 Filarial infections cause a huge public health burden wherever they are endemic These filaria may locate anywhere in the human body Their manifestations and pathogenic mechanisms except the most common ones are rarely investigated systematically Their neurological manifestations however are being increasingly recognized particularly with onchocerciasis or *Loa loa* infections *Wuchereria bancrofti* or *Mansonella perstans* The risk of developing these manifestations may also increase in cases that harbor multiple filariasis or coinfections for instance as with *Plasmodium* The microfilaria of *Onchocerca* and *Loa loa* are seen in cerebrospinal fluid The pathogenesis of neurological manifestations of these infections is complex however pathogenic reactions may be caused by mechanical disruption e g degeneration often followed by granulomas causing fibrosis or mass effects on other tissues vascular lesions e g vascular block of cerebral vessels or disordered inflammatory responses resulting in meningitis encephalitis or localized inflammatory responses The chances of having neurological manifestations may also depend upon the frequency and heaviness of infection over a lifetime Hence this type of infection should no longer be considered a disease of the commonly affected areas but one that may produce systemic effects or other manifestations and these should be considered in populations where they are endemic **Neuroparasitology and Tropical Neurology** Christina Marie Coyle, 2013-07-03 Schistosomiasis is a parasitic

disease caused by blood flukes of the genus *Schistosoma* Currently 200 million people worldwide are infected Neurological manifestations are a result of the inflammatory response of the host to egg deposition in the brain and spinal cord and is

usually seen in patients with recent infection with no evidence of systemic illness Cerebral and cerebellar disease can result in headache seizure and increased intracranial pressure Cerebral schistosomiasis is more common in *Schistosoma japonicum* but increasing cases due to *Schistosoma mansoni* are being reported in the literature Other complications of cerebral schistosomiasis include delirium loss of consciousness visual field impairment focal motor deficits and ataxia Myelopathy is the most common neurological manifestation of *Schistosoma mansoni* and the conus medullaris and cauda equine are the most common sites of involvement Severe disease can result in flaccid paraplegia with areflexia sphincter dysfunction and sensory disturbance Early recognition and prompt treatment are essential when physicians are faced with schistosomiasis involving the central nervous system Schistosomicidal drugs such as praziquantel steroids and surgery are the mainstay of therapy for this severe form of schistosomiasis *Neuroparasitology and Tropical Neurology* Santiago Mas-Coma, Veronica H. Agramunt, M. Adela Valero, 2013-07-03 Fascioliasis is a worldwide zoonotic disease caused by the liver trematodes *Fasciola hepatica* and *Fasciola gigantica* Neurological fascioliasis has been widely reported in all continents affecting both sexes and all ages Two types of records related to two physiopathogenic mechanisms may be distinguished cases in which the neurological symptoms are due to direct effects of a migrating juvenile present in the brain or neighboring organ and with cerebral lesions suggesting migration through the brain and cases with neurological symptoms due to indirect immunologic and toxic effects at distance from flukes in the liver Neurological manifestations include minor symptoms mainly cephalalgias and major symptoms which are nonspecific extremely diverse varying from one patient to another and even within the same patient and comprising meningeal manifestations and impressive neurological manifestations The puzzling neurological polymorphism leads to confusion with cerebral tumors multiple sclerosis lesions of the brainstem or cerebro meningeal hemorrhages Only blood eosinophilia and information on infection source guide toward correct diagnosis by appropriate coprological and or serological techniques Although neurological patients usually recover after fasciolicide treatment or surgical worm extraction sequelae which are sometimes important remain in several patients The need to include possible neurological complications within the general frame of fascioliasis becomes evident *Neuroparasitology and Tropical Neurology* Fernando Woll, Eduardo Gotuzzo, Martin Montes, 2013-07-03 *Strongyloides stercoralis* is a nematode endemic in humid tropical regions The life cycle of this parasite is complex and unique due to its capacity to cause autoinfection resulting in chronic infections Innate and adaptive immune responses are responsible for clearing the parasite Many risk factors have been described but the most important is living in or having visited an endemic area The clinical presentation of strongyloidiasis is varied and ranges from asymptomatic chronic infection to hyperinfection syndrome Hyperinfection syndrome is more common in patients with immunosuppression due to therapy with corticosteroids coinfection with human T lymphotropic virus type I HTLV 1 transplant patients or patients receiving chemotherapy Multiplication and migration of large parasite numbers cause worsening of the initial symptoms and leads to a high mortality rate CNS

involvement in strongyloidiasis has only been seen in patients with hyperinfection syndrome Meningitis is the most common form of CNS involvement and gram negative bacteria are the more frequent etiology Repeated stool samples with concentration methods have a good sensitivity and specificity In patients that are not from endemic areas serum antibody tests may be useful in the diagnosis Treatment with a single dose of ivermectin is recommended for most patients In severe or hyperinfection cases repeated doses may be needed Neuroparasitology and Tropical Neurology Ahmad Ashfaq,A.

Clinton White,2013-07-03 Microsporidia are obligate intracellular spore forming organisms Several species of microsporidia cause human disease mainly in immunocompromised hosts The spectrum of disease varies from diarrhea keratoconjunctivitis to disseminated infection involving multiple organs CNS disease is a rare manifestation usually seen in compromised hosts as part of a disseminated infection Only 12 cases of CNS microsporidiosis have been reported in the literature Clinically they usually present with signs and symptoms of encephalitis and seizures Diagnosis often requires brain biopsy but spores can occasionally be found in other sites Albendazole and fumagillin have been successfully used in treating microsporidiosis at other sites but their role in CNS infection is unclear Neuroparasitology and Tropical Neurology Fabrizio Bruschi,Enrico Brunetti,Edoardo Pozio,2013-07-03

Trichinellosis is a parasitic zoonosis caused by the nematode *Trichinella* spp Neurotrichinellosis represents one of the most important complications of severe trichinellosis in humans and is sometimes fatal especially when *Trichinella spiralis* is involved There are numerous mechanisms responsible for the involvement of the nervous system through direct or indirect involvement of the parasite In the latter inflammatory cells especially eosinophils appear to play a crucial role Encephalopathy neuromuscular disturbances and ocular involvement represent the most frequent presentations of neurotrichinellosis with the first being the most responsible for fatalities The diagnosis is based on imaging CT or MRI which shows nodular multifocal hypodensities in serologically positive individuals with relevant epidemiological factors e g consumption of raw pork However only direct diagnosis by muscle biopsy can give the absolute certainty of infection Albendazole and mebendazole are the anthelmintic of choice and should be used with corticosteroids to prevent allergic manifestations **Neuroparasitology and Tropical Neurology** Jane Kvalsvig,Marco

Albonico,2013-07-03 Published reviews vary on the question of whether geohelminth infections affect cognitive development some claim that the scarcity of evidence means that it is unlikely that they do others present modest evidence for an effect and others raise the possibility that the damage is considerable but largely unresearched This chapter reviews the characteristics of the geohelminths themselves and the pathways by which they could affect the development of children in endemic areas It describes the progress made in the last decade in conceptualizing children s brains as complex adaptive systems with the suggestion that infections at different stages in brain development might have different neurobehavioral consequences An examination of research reports and review articles highlights the difficulties inherent in assessing the effects of geohelminth infections other serious obstacles to healthy development in the same population may mask the effects

of the geohelminths and consequently the intensity and pathogenicity of the infection is probably an important issue. Selecting cognitive measures suitable for assessing development in very young children is no simple matter and careful statistical analysis is required to tease out the primary and secondary factors at work. The insights gained from a broad range of relevant research reports have placed us in a better position to conduct more telling research into the effects of these widespread but neglected tropical diseases.

Neuroparasitology and Tropical Neurology Andres G. Lescano, Joseph Zunt, 2013-07-03 Many cestodes are capable of invading the central nervous system (CNS) and several are highly prevalent in the developing world. Neurocysticercosis due to *Taenia solium* and echinococcosis due to *Echinococcus granulosus* are two of the most common parasitic infections affecting humans but other less well known parasites can also infect the nervous system. Coenurosis caused by *Taenia* spp such as *T. multiceps*, *T. serialis* or *T. brauni*, sparganosis caused by *Spirometra* spp and neurocysticercosis caused by *T. crassiceps* are three less frequent zoonotic conditions that should be considered in the differential diagnosis of patients presenting with CNS infection especially if they have lived in or traveled through areas where these infections are endemic. Diagnosis of these infections is typically made through a combination of serological testing, histopathology and neuroimaging.

Neuroparasitology and Tropical Neurology Herbert B. Tanowitz, Fabiana S. Machado, 2013-07-03 There are a number of nematode infections that rarely involve the central nervous system. *Ascaris lumbricoides* and the pig nematode *A. suum* have been associated with encephalitis. Adult *Dracunculus medinensis* may invade the spinal cord resulting in epidural abscess and paralysis. *Lagochiloascaris* spp are free living nematodes reported mainly in Brazil. *Lagochiloascaris* minor infection may cause diseases of the head and neck and the central nervous system. *Halicephalobus*, *Micronema* parasitizes horses and may also involve the human central nervous system.

Neuroparasitology and Tropical Neurology Kevin R. Kazacos, Linda A. Jelicks, Herbert B. Tanowitz, 2013-07-03 *Baylisascaris procyonis* is a roundworm of the raccoon found primarily in North America but also known to occur in other parts of the world including South America, Europe and Japan. Migration of the larvae of this parasite is recognized as a cause of clinical neural larva migrans (NLM) in humans, primarily children. It is manifested as meningoencephalitis associated with marked eosinophilia of the cerebrospinal fluid and peripheral blood. Diagnosis is made by recovering and identifying larvae in or from the tissues, epidemiological history, serology and imaging of the central nervous system. Treatment is with albendazole and steroids although the prognosis is generally poor. This parasite can also cause ocular larva migrans (OLM) which usually presents as diffuse unilateral subacute neuroretinitis (DUSN). The ocular diagnosis can be made by visualizing the larva in the eye and by serology. Intraocular larvae can be destroyed by photocoagulation although albendazole and steroids may also be used. However, once visual disturbance is established the prognosis for improved vision is poor. Related *Baylisascaris* species occur in skunks, badgers and certain other carnivores although most cases of NLM are caused by *B. procyonis*. *Baylisascaris procyonis* has also been found in kinkajous in the USA and South America and may also occur in related procyonids, coatis.

olingos etc Neuroparasitology and Tropical Neurology Oscar H. Del Brutto, 2013-07-03 Snake and spider bites as well as scorpion sting envenoming are neglected diseases affecting millions of people all over the world Neurological complications vary according to the offending animal and are often directly related to toxic effects of the venom affecting the central nervous system the neuromuscular transmission the cardiovascular system or the coagulation cascade Snake bite envenoming may result in stroke or muscle paralysis Metalloproteinases and other substances common in vipers and colubrids have anticoagulant or procoagulant activity and may induce ischemic or hemorrhagic strokes The venom of elapids is rich in neurotoxins affecting the neuromuscular transmission at either presynaptic or postsynaptic levels The clinical picture of scorpion sting envenoming is dominated by muscle weakness associated with arterial hypertension cardiac arrhythmias myocarditis or pulmonary edema These manifestations occur as the result of release of catecholamines into the bloodstream or due to direct cardiac toxicity of the venom Cerebrovascular complications have been reported after the sting of the Indian red scorpion Intracranial hemorrhages occur in the setting of acute increases in arterial blood pressure related to sympathetic overstimulation and cerebral infarctions are related to either cerebral hypoperfusion consumption coagulopathy vasculitis or cardiogenic brain embolism Three main syndromes result from spider bite envenoming latrodectism loxoscelism and funnel web spider envenoming Latrodectism is related to neurotoxins present in the venom of widow spiders Most cases present with headache lethargy irritability myalgia tremor fasciculation or ataxia Loxoscelism is caused by envenoming by spiders of the family Sicariidae It may present with a stroke due to a severe coagulopathy The venom of funnel web spiders also has neurotoxins that stimulate neurotransmitter release resulting in sensory disturbances and muscle paralysis Proper management of the envenomed patient including prompt transport to the hospital correction of the hemostatic disorder ventilatory support and administration of antivenom significantly reduce the risk of neurological complications which in turn reduce the mortality and improve the functional outcome of survivors Neuroparasitology and Tropical Neurology Jong-Yil Chai, 2013-07-03 Human paragonimiasis is caused by nine species of *Paragonimus* namely *P. westermani* *P. africanus* *P. heterotremus* *P. kellicotti* *P. mexicanus* *P. siamensis* *P. skrjabini* *P. skrjabini miyazakii* and *P. uterobilateralis* Cerebral or spinal involvements are most common in *P. westermani* and can also occur in *P. skrjabini* *P. skrjabini miyazakii* and *P. mexicanus* In *P. westermani* cerebral paragonimiasis comprises about 45% of all extrapulmonary paragonimiasis cases and accounts for about 1% of all paragonimiasis patients In cerebral paragonimiasis seizure headache visual disturbance and motor and sensory disturbances are the five major clinical symptoms The most commonly performed diagnostic procedures for cerebral infections are serological tests to detect circulating antibodies or antigens using ELISA or immunoblotting and radiological examinations including plain skull x rays brain CT and MR scans The drug of choice is praziquantel at the dose of 25mg/kg three times daily for 2-3 days In severe infections a second set of treatment may be needed Triclabendazole can be used in *P. uterobilateralis* *P. mexicanus* and *P. skrjabini* infections with the dose of 10mg/kg

twice a day however its efficacy in *P. westermani* infection in particular cerebral infections remains to be elucidated

Neuroparasitology and Tropical Neurology Kittisak Sawanyawisuth, Verajit Chotmongkol, 2013-07-03 Eosinophilic meningitis is defined by the presence of at least 10% eosinophils in the total cerebrospinal fluid CSF leukocyte count. Although there are several possible causes of eosinophils in the CSF, parasitic infection is the main cause. The three common parasites causing eosinophilic meningitis include *Angiostrongylus cantonensis*, *Gnathostoma spinigerum* and *Taenia solium*. Even though these parasites are endemic in tropical countries, they are now spreading globally due to extensive traveling and physicians worldwide should pay more attention to this condition. This chapter will review risk factors, clinical manifestations and treatment of these three parasites.

Neuroparasitology and Tropical Neurology Sahar Usmani-Brown, John J. Halperin, Peter J. Krause, 2013-07-03 Babesiosis is a worldwide emerging infectious disease caused by intraerythrocytic protozoa that are transmitted by Ixodid ticks or less commonly through blood transfusion or transplacentally. Although headache and lethargy are common symptoms, babesiosis is uncommonly associated with specific neurological dysfunction in humans. Decreased level of consciousness or coma are rare complications that are associated with severe and often fatal disease, but the pathogenesis is unclear.

Neuroparasitology and Tropical Neurology William A. Petri, Rashidul Haque, 2013-07-03 Brain abscess due to *Entamoeba histolytica* is most commonly seen in a small percentage of patients who also have an amebic liver abscess. The typical patient is a young man who after treatment for liver abscess with apparent improvement develops symptoms and signs of central nervous system involvement. The average age of the patient is 30 years and common presentations include headache, vomiting and altered mental status. Signs of amebic brain abscess include most commonly meningeal signs, facial nerve VII palsy, motor paralysis and seizure. Most patients have abnormal cerebrospinal fluid, although there is no special or characteristic abnormality. Diagnosis is by serology and PCR of brain abscess aspirate or CSF and treatment is with metronidazole.

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Table of Contents Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology

1. Understanding the eBook Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology
 - The Rise of Digital Reading Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology
 - Advantages of eBooks Over Traditional Books
2. Identifying Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology
 - User-Friendly Interface
4. Exploring eBook Recommendations from Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology
 - Personalized Recommendations
 - Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology User

Reviews and Ratings

- Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology and Bestseller Lists

5. Accessing Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology Free and Paid eBooks

- Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology Public Domain eBooks
- Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology eBook Subscription Services
- Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology Budget-Friendly Options

6. Navigating Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology eBook Formats

- ePub, PDF, MOBI, and More
- Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology Compatibility with Devices
- Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology Enhanced eBook Features

7. Enhancing Your Reading Experience

- Adjustable Fonts and Text Sizes of Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology
- Highlighting and Note-Taking Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology
- Interactive Elements Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology

8. Staying Engaged with Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology

- Joining Online Reading Communities
- Participating in Virtual Book Clubs
- Following Authors and Publishers Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook

Of Clinical Neurology

9. Balancing eBooks and Physical Books Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology
 - Setting Reading Goals Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology
 - Fact-Checking eBook Content of Neuroparasitology And Tropical Neurology Chapter 16 Toxocariasis Handbook Of Clinical Neurology
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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