

A CASE OF COMPLICATED ASCARIS INFECTION

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Background
Aims
Methods

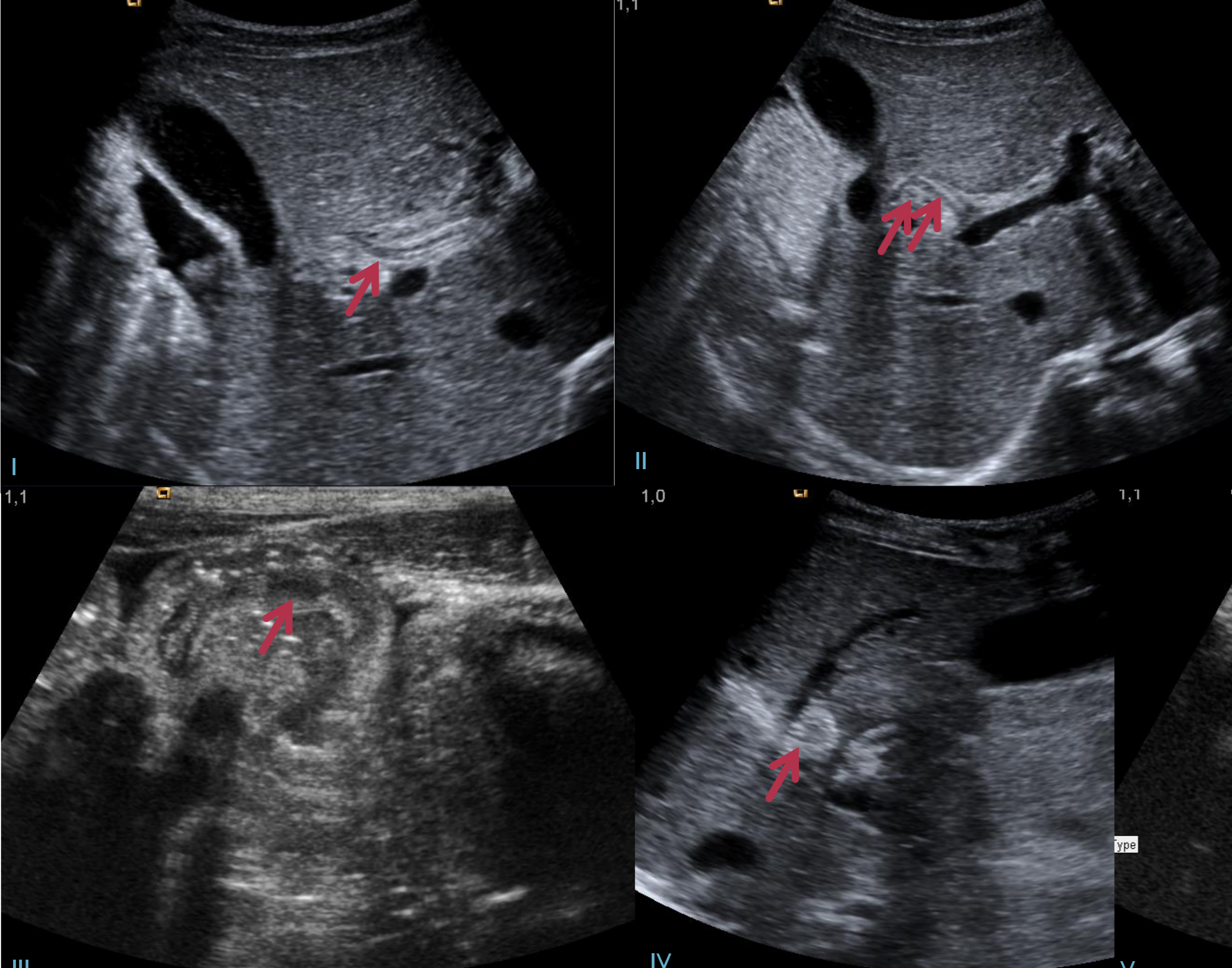
Ascaris infection is a worldwide helminthic infection, though rare in developed countries. It is usually paucisymptomatic, but extra-intestinal complications may occur. We describe a case of a complicated *Ascaris* infection in a child from an endemic area by data collected from our patient's hospital file

Case report

8 year-old healthy female child

Six months	One week before admission	At admission
Diffuse abdominal pain	Progressive right abdominal pain Constipation Vomiting	Upper right abdominal tenderness
Living in West Africa São Tomé e Príncipe island	No fever or jaundice	Hemoglobin 10,9g/L, Leucocytes 5,7x10 ⁹ /L Eosinophils 890/μL Platelets 290x10 ⁹ /L C-reactive protein 18,2 mg/L AST 159 U/L, ALT 154 U/L Gamma-GT 96 U/L Serum alkalyne phosphatase 249 U/L Total bilirubin 0,37 mg/dL, amilase 18 U/L
4 months Portugal		

These findings suggested migration of *Ascaris lumbricoides* to biliary ducts



Common bile duct (CBD) wall thickening suggesting cholangitis, biliary sludge and linear hypoechoic tubular structures within the CBD (fig.I), right hepatic duct (fig.II) and in the intestinal lumen (fig. III to VI).

Abdominal ultrasound (US) – figures I to VI

Parasitological stool examination revealed ***Ascaris lumbricoides* ova**

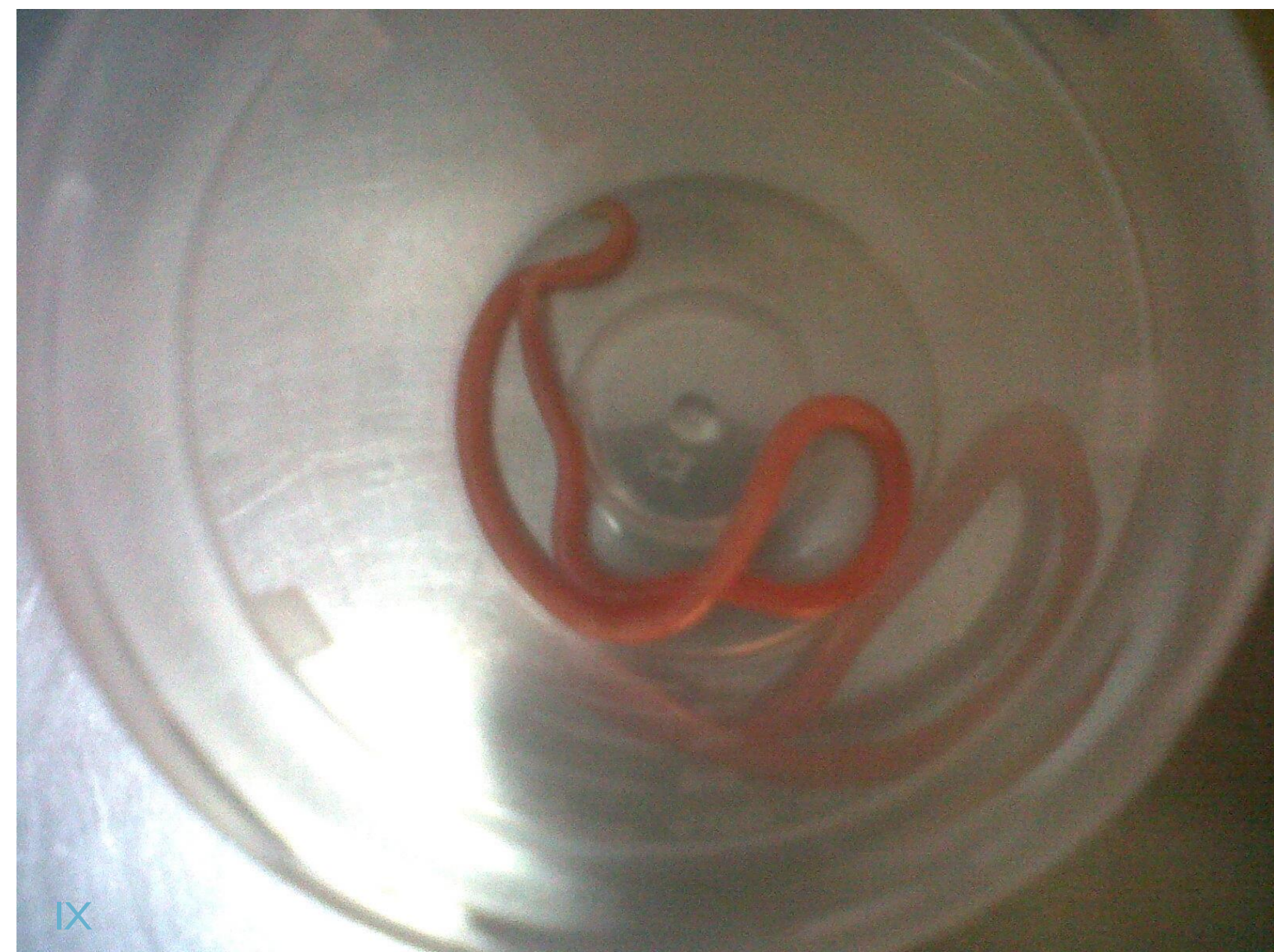
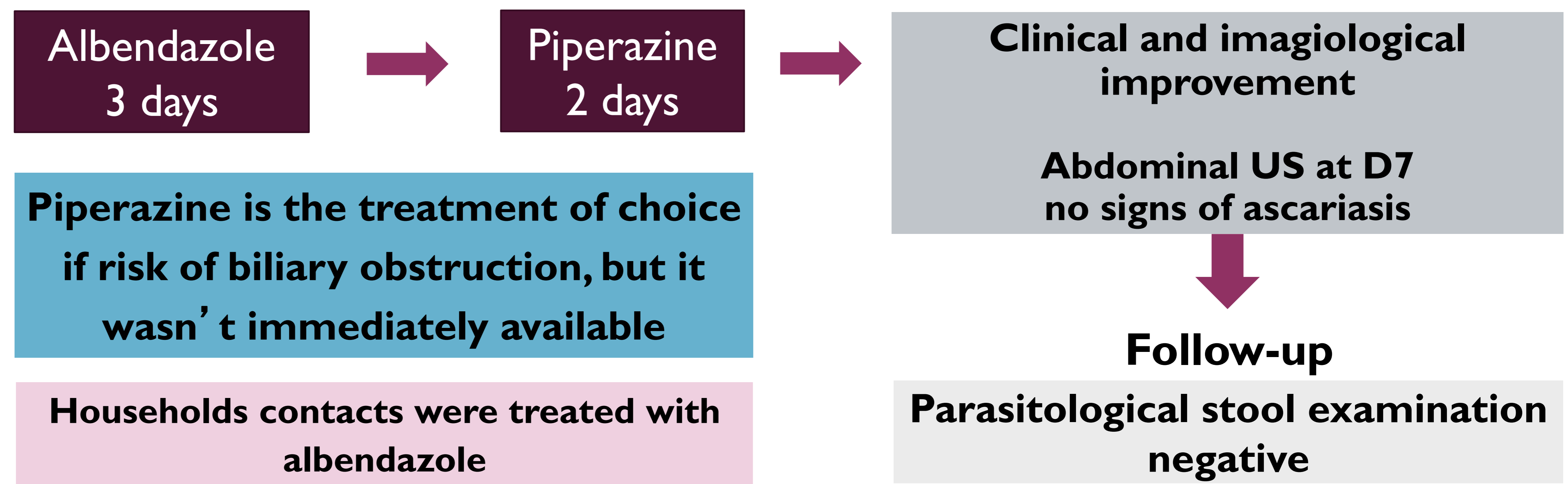


Figure VII: represents worms expelled through anus and mouth, during first five days in the ward



Conclusion
We intend to illustrate that ascariasis should be suspected in an immigrant child from an endemic area. The migration of larva through the intestinal lumen to the bile ducts, called biliary ascariasis, is rare. Early diagnosis and treatment is important to prevent surgical complications.

References

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