Intestinal and biliary infection with *Ascaris lumbricoides* in gastrointestinal endoscopy

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CASE REPORT 1

A 54-year-old female patient with no relevant history underwent colonoscopy for rectal bleeding. An ascaris worm was seen at the appendiceal orifice, which was withdrawn using a polypectomy snare and sent to microbiology for diagnosis confirmation. Treatment consisted of single-dose albendazole.

Fig. 1. *A. lumbricoides* and bile stone removal with a Fogarty balloon. Extracción con balón de Fogarty de *A. Lumbricoides* y cálculo biliar.

Fig. 2. *A. lumbricoides* sticking out of the appendiceal orifice. *A. Lumbricoides* asomando por el orificio apendicular.

CASE REPORT 2

A female patient was admitted because of epigastric pain radiating to the right hypochondrium, associated with nausea and vomiting, over the past 24 hours. *Laboratory tests*: leukocytosis 17,500/mm³, polymorphonuclear leukocytes 75%, amylase 1956 U/L, AST: 89 U/L, ALT 120 U/L. *Abdominal ultrasounds*: dilated extrahepatic bile tract with repletion defects. ERCP: dilated common bile duct with a filiform repletion defect folded onto itself, occupying the entire extrahepatic bile tract. The bile tract was cleared using a Fogarty balloon, and a cylindrical, 23-cm-long worm was withdrawn, together with biliary mud and two bile stones smaller than 10 cm in size. The bile tract was flushed with saline, and therapy with oral albendazole 400 mg for 4 days was prescribed. The patient was discharged with no symptoms on the 7th day after admission.

Fig. 3. Main bile duct with a filiform image (*A. lumbricoides*) inside.
 Vía biliar principal con imagen filiforme (*A. lumbricoides*) en su interior.

Fig. 4. *A. lumbricoides* removal from the appendix using a polypectomy snare.
 Extracción con asa de polipectomía de *A. lumbricoides* del apéndice.

DISCUSSION

Ascaris lumbricoides is the helminth infection that most commonly affects human beings, with a worldwide prevalence of 25%. Transmission ensues from the ingestion of infective eggs. Infection is commonly asymptomatic and may cause nonspecific gastrointestinal complaints and both intestinal (intestinal obstruction from a mass of worms) and extraintestinal (lung, hepatobiliary, neurological) complications. Hepatobiliary involvement with *Ascaris* is uncommon in our setting, and may result in biliary colic, alithiasic cholecystitis, cholangitis, acute pancreatitis, and liver abscess. Diagnosis results from eggs found in fecal matter or from plain X-ray in intestinal infection or ultrasounds, CT or ERCP in biliary illness. Treatment consists of anti-helminth agents. ERCP is also recommended for helminth removal without sphincterotomy.

RECOMMENDED REFERENCES

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