



Obstructive ileal *ascaris lumbricoides* infection

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Received: May 03, 2019

Accepted: Jul 24, 2019

Published Online: Jul 29, 2019

Journal: Journal of Community Medicine

Publisher: MedDocs Publishers LLC

Online edition: <http://meddocsonline.org/>

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Clinical image

Description

A 6-year old Kenyan girl presented with a one week history of recurrent, periumbilical abdominal pain and diarrhoea that had altered into obstipation for three days prior to admission. Non-bloody, non-projectile vomiting had also developed. She neither had a cough nor chest pain.

On physical examination, she was poorly nourished, oral temperature was 37.2°C, pulse was regular at 122 beats per minute and the respiratory rate was 33 per minute. Respiratory examination revealed slight respiratory effort but with bilateral air entry and no added sounds. On examination of the abdomen, there was mild distension and tenderness with associated guarding in the mid abdomen on percussion. Auscultation revealed minimal peristalsis, the bowel sound were <1/min. Dur-

ing the time of review, two female and one male adult *Ascaris lumbricoides* was observed emerging from the mouth in a vomit episode, the longest being 17.5 cm (Figure 1).

Laboratory assessment showed elevated total leukocyte count ($11 \times 10^3/\mu\text{L}$) but normal red blood cell count, and haemoglobin levels. Her clinical symptoms were suggestive of intestinal obstruction. Surgical intervention with an ileum enterotomy removing the worms that had filled parts of the jejunum, ileum and ascending colon was done. Intravenous hydration and antibiotics were administered for 72 hours, and after restart of peristalsis, three day anti-helminthic therapy with albendazole was prescribed. The patient was discharged uneventfully, with a plan to deworm after six weeks.



Cite this article: Omwodo K. Obstructive ileal *ascaris lumbricoides* infection. J Community Med 2019; 2(1): 1014.



Figure 1: Two female and one male adult *Ascaris lumbricoides*.