**Bowel subocclusion by Ascaris**

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**CLINICAL CASE**

We report the case of a 28-year-old woman from Ecuador who had been living in Spain for three months, and consulted because of abdominal pain associated with food ingestion in the past 8 months. The day before her admission to hospital pain increased and the patient presented with vomiting.

As an initial approach a blood test was performed, which yielded mild microcytic anemia (Hb: 9.9 g/dl; MCV: 72; MCH: 29). Simple chest and abdomen x-rays showed no alterations. Gastroscopy was normal too, and biopsies for *Helicobacter pylori* infection were negative, as were a number of tests for parasites.

Abdominal pain and vomiting became more severe in the next few days, so we decided to obtain a new abdominal film in the standing position. We could appreciate some fluid levels in the jejunum. The case was then discussed with surgeons but in the absence of complete obstruction a nasogastric tube was inserted and a contrast x-ray study was made. These radiograms showed long negative images from the third duodenal portion through the entire jejunum (Figs. 1 and 2).

*Diagnosis: Ascaris lumbricoides infection.*

The patient received treatment with mebendazole and had a good clinical outcome with no abdominal pain and adequate tolerance to oral feeding. After two months we noticed that she had recovered from anemia, too.

**COMMENTARIES**

*Ascaris lumbricoides* is a worldwide distributed worm more frequently seen in the tropics. In most cases colo-

![Fig. 1. Presence of Ascaris lumbricoides inside the small bowel.](image1)

![Fig. 2. Worms inside the distal duodenum.](image2)
nization is asymptomatic, but sometimes individuals present pulmonary or intestinal clinical manifestations among which pneumonitis, malabsorption, and bowel obstruction predominate. Biliary obstruction is also possible, although much rarer. Diagnosis is usually based on the presence of Ascaris eggs in infected stools, but the worm itself may be on occasion seen inside the small bowel with plain or contrast-enhanced x-rays.

RECOMMENDED REFERENCES