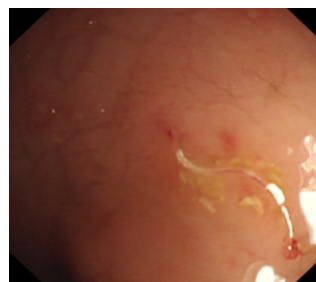


(Refer to page 251)

Answer: Colonic hookworm infestation

Endoscopic examination was done and that revealed scattered multiple small ulcers throughout the rectum, sigmoid and descending colon with live wriggling hook attached (click on image to view the video). The red linear line at the centre of the worm represented the ingested host blood. Sigmoid biopsy showed nonspecific chronic colitis. The patient was treated with three days of Mebendazole. This relieved the diarrhoea and abdominal pain. Blood counts done five weeks after completion of treatment showed resolution of leucocytosis and hyper-eosinophilia.

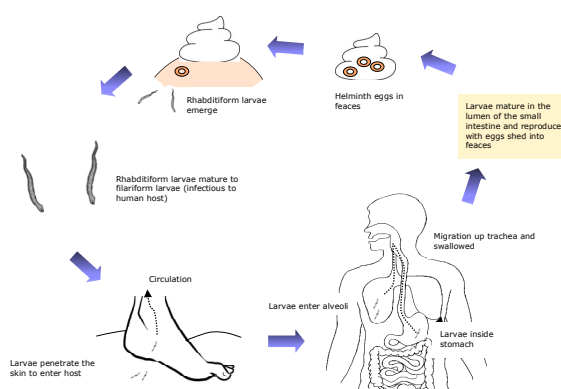


Endoscopic image showing a worm (Click image to watch video)

Hookworm is the second most common helminthic infection in humans, very common in the underdeveloped and impoverished nations.¹ It is a nematode that usually infects the small intestine. Two common species that infect humans are *Ancylostoma Duodenale* and *Necator Americanus*.¹ Adult worms usually live in the small intestinal lumen. Patient may present with symptoms of intestinal inflammation like abdominal pain, and watery diarrhoea though most individuals remain asymptomatic. The adult worms may migrate to the large intestine causing enteritis, hyper-eosinophilia and watery diarrhoea.¹⁻³

worm gain entry through the skin and make its way to the lymphatic where it enters the lung and migrate upward to be swallowed into the digestive tract. During this process, there is usually minimal symptoms. In the initial phase of the gastrointestinal tract infestation, the symptoms are usually mild and non specific and chronically, patient manifest with iron deficiency anaemia or hypo-proteinaemia. Presentation with acute dysentery or acute diarrhoea have been reported in the literature.^{2, 3}

The life cycle of the hook worm is shown below.



Life cycle of hookworm.

Hookworm infestation is associated with poor hygiene and walking on bare foot on grounds exposed to excrements.¹ The

REFERENCES

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3: Thomas V, Harish K, Tony J, Sunilkumar R, Ramachandran TM, Anitha PM. Colitis due to *Ancylostoma duodenale*. *Indian J Gastroenterol.* 2006; 25:210-1.