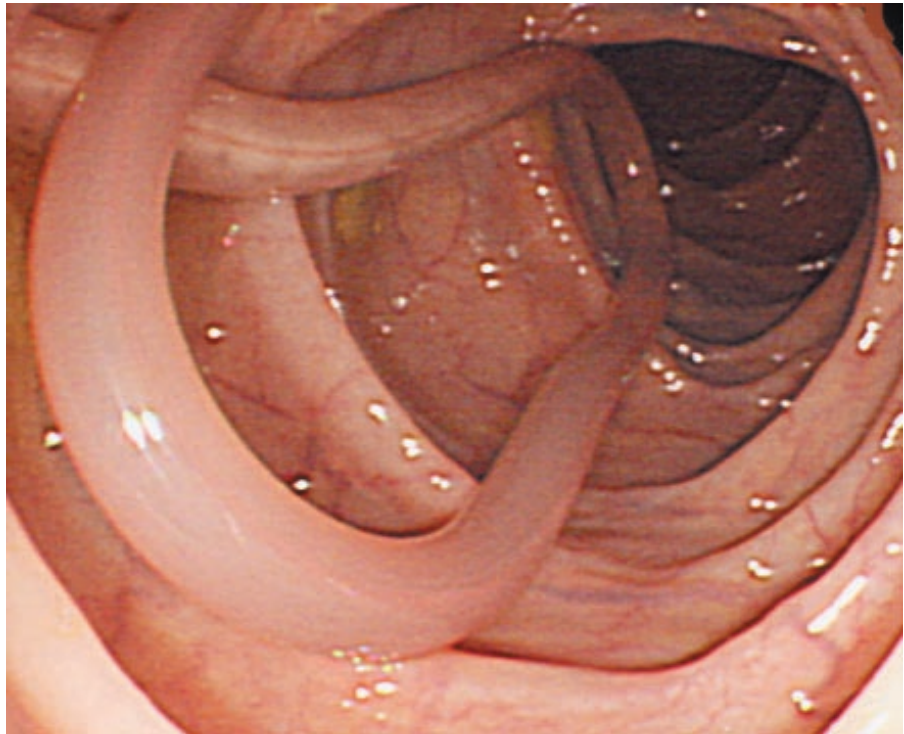


Ascariasis



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A 60-YEAR-OLD WOMAN PRESENTED TO THE OUTPATIENT CLINIC WITH vague abdominal discomfort that had developed over the previous several weeks. There was no abdominal tenderness. Laboratory evaluation was notable for the white-cell count, which included 1.8% eosinophils. Colonoscopy demonstrated a worm, which moved (video). The worm had a smooth, cream-colored surface and was 20 cm in length. It was removed with an endoscopic snare and identified as *Ascaris lumbricoides*. The patient was given mebendazole; she did not pass any additional worms. Typically, complications from *A. lumbricoides* are associated with mechanical obstruction, such as migration of a worm into the biliary tree or the development of a high worm burden in the intestinal lumen. In this case, the abdominal discomfort resolved after the worm was removed. At a 2-month follow-up visit, the patient remained healthy.

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