

Case Report: Helminthiasis With Endoscopic Image Of Duodenal Polyp, Gastric Bleeding, And Severe Active Ulcerative Colitis.

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Introduction

Soil Transmitted Helminth (STH) infections are the most common infections worldwide, with an estimated 1.5 billion people infected, or 24% of the global population. In Southeast Asia, more than 69% of infections are caused by nematode species, and 25% of the studied population in Asia is infected with at least one species. This remains a problem in Indonesia, with a prevalence of 30% of the population. Poor sanitation is the etiology. Gastrointestinal manifestations are often found to be related to both upper and lower gastrointestinal symptoms. Endoscopic examination of the gastrointestinal tract followed by histopathological examination through biopsy is one of the accurate diagnostic approaches.

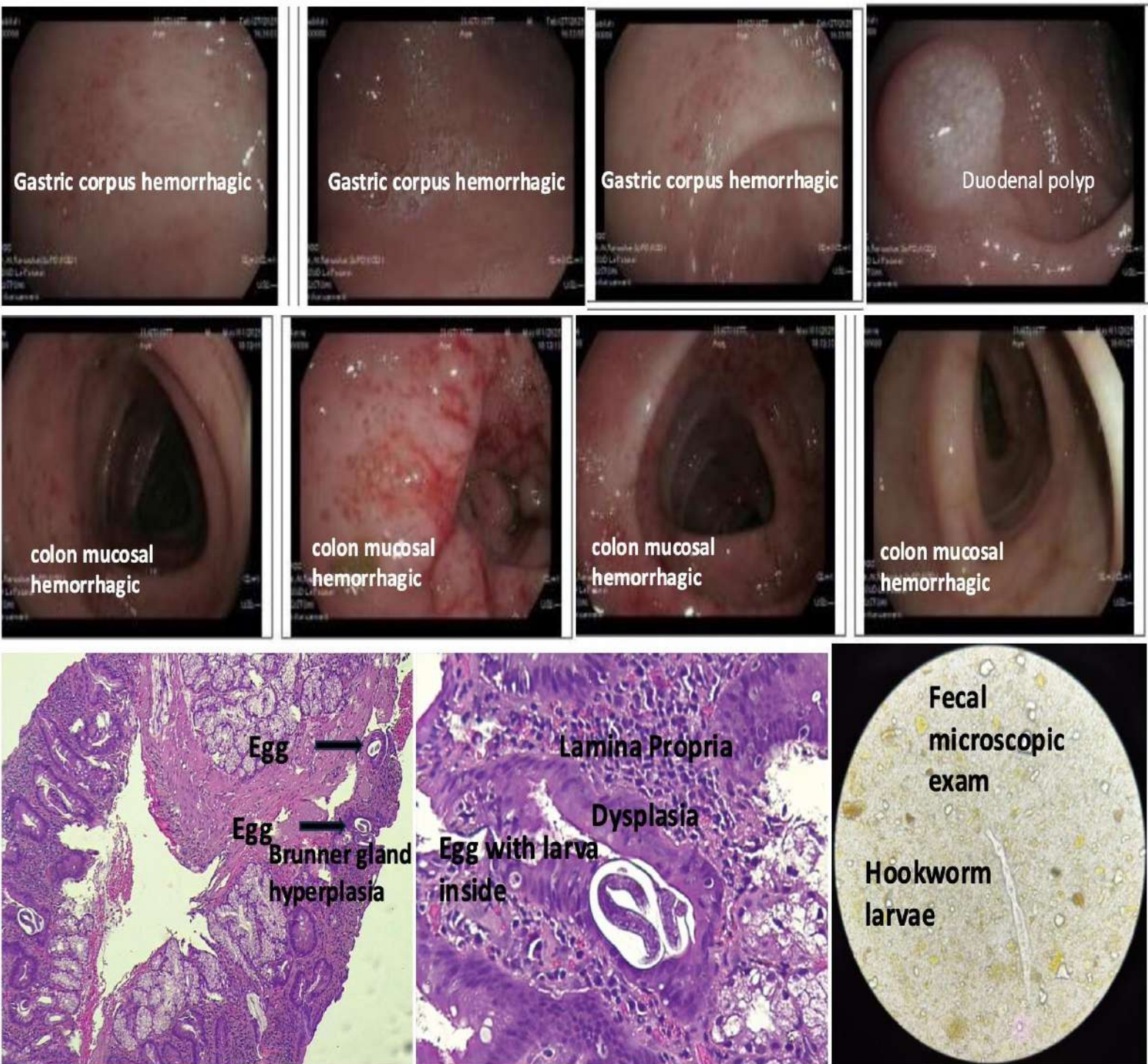


Fig. endoscopic, histological and fecal examination

Case Presentation

A 43-year-old man with clinical manifestations of abdominal pain, anorexia, and weight loss. From physical examination, appeared lethargic, pale conjunctiva, epigastric, and paraumbilical tenderness. Anemia was found with hemoglobin (Hb): 10.4 g/dl. Endoscopic examination found grade 3 hemorrhagic gastritis corpus, sessile polyp of duodenal bulb accompanied by active severe ulcerative pancolitis (UCEIS-3; MES-3). Histopathology results showed inflammatory polyps, mild dysplasia accompanied by helminthic ovum. Microscopic stool samples found hookworm larvae (fig.1).

Conclusion

Helminthiasis can manifest as inflammation of the gastrointestinal tract to bleeding. Several case reports of gastrointestinal polyps due to worm infection. When clinical manifestations are found in endemic areas, screening should be done. Treatment with corticosteroids and immunosuppressants can cause hyperinfection. We have reported a case report of a 45-year-old man diagnosed with helminthiasis with endoscopic images of duodenal polyps accompanied by inflammation and bleeding of the gastrointestinal tract.

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