

Case Report

HELMENTHIC INFESTATION PRESENTING AS CHOLECYSTITIS

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INTRODUCTION

Helminthic infestation is a common health problem in our country. Its prevalence depends on climate, socio-economic, unhygienic conditions and basic health education. Several surveys regarding the incidence of worm infestation in various countries of the world are available. In Bangladesh slum, over 80% of the population have one or more parasites.¹ In some parts of India, Ascaris infection has been reported upto 95%.² In Pakistan the prevalence of parasites in diarrheal disease was found to be 71%, with a high rate of Giardia lambilia.³

Many of the worms have been associated with malnutrition. Beside malnutrition a variety of other problems have been reported as a result of worm infestation. These include recurrent diarrhoea and vomiting, malabsorption, appndicitis, respiratory infections, intestinal obstruction and hepatomegaly.

We present two case resports which were admitted for obstructive jaundice and after investigation they were diagnosed as infestation by Ascaris lambricoides obstructing bill duct.

Case-1:

A female age 45 years from Mansehra was admitted in Surgical B Ward of DHQ Hospital, Abbottabad with pain in abdomen and vomiting. The onset of pain was sudden and it was continuous in nature and colicky in character. It was referred to right shoulder region and aggravated with intake of food. There was no history of bowel discomfort and she complained of yellow discolouration of urine. There was no history of hospitalization or any chronic disease in the past. Family history did not reveal any disease like diabetes, hypertension etc. On general physical examination she appeared to be an old lady lying supine in the bed anxious, ill looking and cooperative.

Anaemia was negative, Jaundice was positive, pulse 104/min, BP 110/80 mm of Hg and no lymph node was palpable. Laboratory findings were as follow:-

Hb was 13.4 g/dl, urea was 28 mg/dl, sugar was 105 mg/dl. Liver functioned test showed Alkaline Phosphates 450 units/l and bilirubin 4.6 mg/dl. Stool examination

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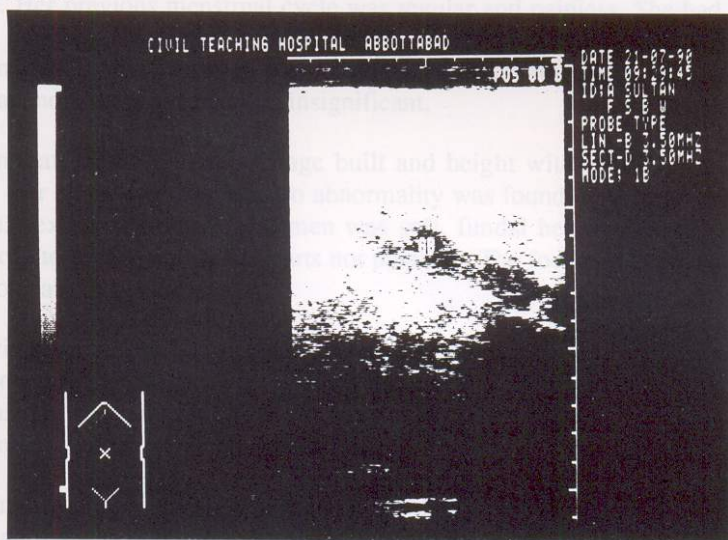
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showed ova of *Ascaris lumbricoides*. Ultrasonography showed enlarged liver and thick wall gall bladder. An elongated shadow with excessive movements inside the gall bladder suggested of round worm in gall bladder. The pain was relieved by giving out helminthic therapy.

Case-2:

Another female of 50 years of age from Haripur was admitted with pain in right hypochondrium and nausea for last 3 years on 17th July '90 in Surgical B-Ward. The pain was also felt posteriorly with no obvious aggravate or relieving factor. There was no past history of hospitalization. On general clinical examination she was anaemic, she had mild jaundice, clubbing and adema was negative. Pulse was 92/min, temperature was 98.4°F and BP was 130/80 mm Hg. On examination of abdomen she had tenderness in the right hypochondrium and Murphy was positive. No abnormalities were found in other systems. She was provisionally diagnosed as acute cholecystitis. Laboratory examination showed Hb 11.0 gm/dl and TLC, DLC, urea sugar were within normal limits. Stool examination showed ova of *Ascaris lumbricoides*. Ultrasonography revealed an elongated shadow in a gall bladder with movement inside the lumen suggestive of *Ascaris lumbricoides* infestation.



Round worm in G.B.

DISCUSSION:

Ascaris lumbricoides infestation is the commonest nematode found in this area specially where inhabitants are unaware of medical education and hygienic life.⁴ As the warm humid climate favours the survival of ova. The human intestinal tract provides such conditions where the growth can occur.

The children are always suspected to have worm infestation whenever they have some abdominal discomfort but the worm infestation can also create problems in the elderly.

The ova of the uncommon presentation of worm infestation is bidel duct obstruction which was confirmed by stool examination and ultrasonography. The lab. examination and ultrasonography in all cases of obstructive jaundice/cholecystitis is therefore highly recommended in order to prevent the unwanted surgical procedure like laprotomy.

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FIGURE 1