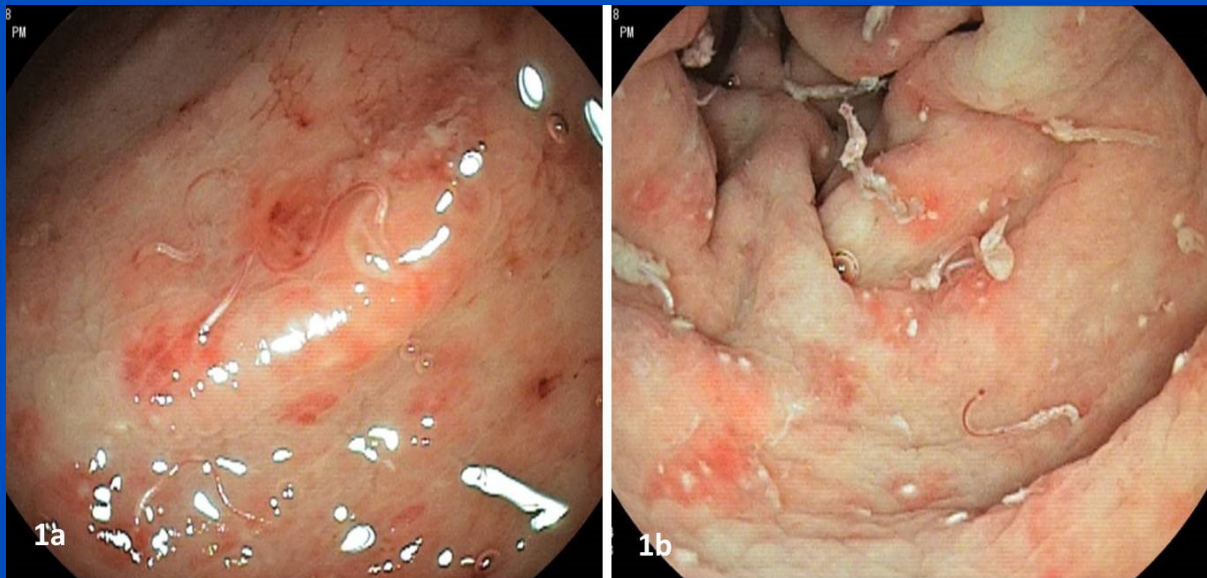


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Acknowledgements

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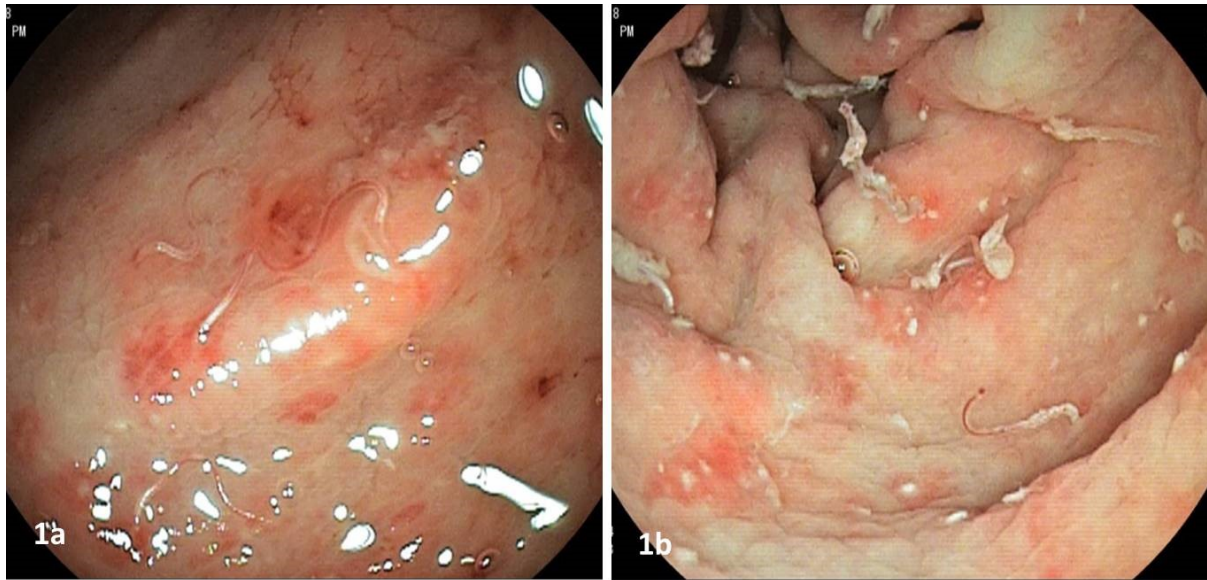


Figure 1

A 36-year-old soldier with no past medical history was admitted with 10 days of intermittent peri-umbilical abdominal pain and diarrhoea occasionally mixed with blood which partially improved with defecation. His symptoms failed to resolve after two emergency visits and a course of antibiotics (ciprofloxacin and metronidazole). Blood investigations showed leukocytosis with marked eosinophilia. Colonoscopy was done which confirmed the diagnosis (Figure 1).

What is the diagnosis?

Answer: refer to page [148](#)

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DISCLOSURE: There is no conflict of interest and consent has been obtained from patient for use of this image.

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(Refer to page [147](#))

ANSWER: ENTEROBIASIS: PIN-WORM INFESTATION

Figures: Colonoscopy images showing multiple pinworms feeding with several with ingested blood.

Colonoscopy showed scattered inflammations with bleeding affecting the whole colon and there were multiple diffuse punctate erosions some of which had small worms attached to them (Figure 1b). Histology confirmed the worm to be *Enterobius vermicularis* or pinworm. The patient was treated for enterobiasis and was given albendazole 400mg single dose with resultant improvement of symptoms. He was advised on hygiene and camp doctor informed of case. Of note was a history of three weeks jungle training that completed less than a week before symptoms started.

Enterobiasis occurs both in the temperate and tropical countries and has a high prevalence rate even in developed countries like the United States with an estimated 40 million infected persons.¹ The life-cycle from eggs to adult is between 4 and 8 weeks and takes place in the gastrointestinal tract. Pinworm eggs are deposited in the perianal region and environment with transmission through the ingestions of the eggs. The eggs can survive in the environment for up to 3 weeks. Apart from perianal itch, most are usually asymptomatic or mildly symptomatic. With a high parasitic burden load, anaemia, abdominal pain, diarrhoea, weight loss and rectal bleeding are common.² The diagnosis is typically achieved by pinworm paddle test, direct visualisation during endoscopy, or histological examination.^{3,4} Parasitic infection has a high cure rate of 95-100% with single anti-helminthic therapies and in this case, albendazole 400mg single dose was given to

the patient. Recurrence is not uncommon, hence, patient education on hygiene focusing on hand-washing is importance.

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