

Endoscopic Diagnosis and Removal of *Ascaris lumbricoides* from the Stomach



Figure 1:
Ascaris in the stomach.



Figure 2:
Ascaris lumbricoides caught in the Dormia basket.

Helminths rarely invade the stomach. The parasite most commonly reported to be found in the stomach is *Ascaris lumbricoides* (1–3). Endoscopic removal of ascaris from the stomach has previously only been reported once (2). We report two cases of gastric ascariasis and the endoscopic extraction of the ascaris.

Case 1: A 60-year-old female suffering from cryptogenic liver cirrhosis presented with severe anemia and ascites of 3 months duration without any history of overt blood loss. Investigations revealed hemoglobin of 3 g/dl with microcytic, hypochromic anemia. Serum protein and albumin levels were 5.5 g/dl and 2.0 g/dl respectively. Stool examination showed occult blood and ova of *Ascaris*. Esophagogastroduodenoscopy (EGD) revealed grade II varices. There were two live round worms in the stomach with multiple erosions in the body and antrum. Both worms were re-

moved using a Dormia basket. The patient was transfused 4 units of blood, dewormed, treated with diuretics and was discharged on hematinics. She has been free of ascites and pedal edema. Hemoglobin is 11 g/dl with normal stool examination.

Case 2: A 28-year-old male presented with a 2-month history of dyspepsia. Investigations were normal except for an eosinophil count of 585 cells per mm (3). EGD revealed a dead *Ascaris* in the stomach with petechial hemorrhages all over the stomach (Figure 1). The worm was removed using a Dormia basket (Figure 2). During follow-up over the next 18 months, the patient remained asymptomatic.

Roundworms rarely inhabit the stomach and large series of patients with intestinal ascariasis do not mention gastric infestation by the worms (4). The rarity of gastric ascariasis has been attributed to the hostile acid milieu and to gastric contractions (1). The clinical presentations of gastric ascariasis include gastric outlet obstruction (1) and hematemesis (5). Our cases presented with severe anemia and dyspepsia. Gastric erosions resulting in anemia were probably caused by mechanical trauma due to the worm (5). Multiple worms need anthelmintic treatment with mebendazole or pyrantel pamoate. Single or small numbers of worms can be removed endoscopically (2) followed by deworming.

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