A 20-year-old, married, primigravida presented with a history of epigastric discomfort, nausea, and vomiting for 3 days. On the day of admission, she gave a history of vomiting up a 3–4-cm, pear-shaped, reddish-brown worm, which moved for a few seconds after it was vomited and then died. On further enquiry, the patient gave a history of consumption of vegetables that had been washed in pond water.

Upper gastrointestinal endoscopy revealed a reddish-brown, flat worm stuck in the second part of the duodenum (Figure 1, Video 1). The worm was extracted with the help of biopsy forceps under endoscopic guidance. The worm was 4 cm long, 2 cm wide, and about 0.25 cm thick, reddish-brown, flattened anteroposteriorly, and pear-shaped, with no prominent or obvious cephalic cone, and resembled the Fasciolopsis buski fluke (Figure 2). Histopathological examination of the specimen confirmed it as F. buski. Routine investigations revealed a normal peripheral-smear eosinophil count. Stool examination did not reveal any F. buski eggs. The patient was treated with praziquantel 25 mg/kg as a single dose. The patient was asymptomatic and doing well on follow-up.

To our knowledge, this is the first report describing and illustrating the endoscopic removal of F. buski from the duodenum. Though the disease is seen predominantly in south-east Asia, the endoscopic image of F. buski we have included here may be of interest to the rest of the world because of immigration, globalization, and the increased frequency of intercontinental travel.

Endoscopic extraction of Fasciolopsis buski

References


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