A 67-year-old previous healthy woman was admitted to our hospital with paroxysmal abdominal colic. She reported that she loved eating raw food. She underwent colonoscopy, which revealed a reddish white, cylindrical ascaris with horizontal stripes wriggling vigorously in the lumen of the ascending colon (▶Fig. 1a). We used forceps to grab the middle of the live ascaris and pull it out of the patient’s body under direct visualization (▶Fig. 1b; ▶Video 1). The ascaris was found to be more than 20 cm long (▶Fig. 2).

Immediately following the procedure, the patient’s abdominal pain was significantly reduced. Antiparasitic treatment, in conjunction with education of the patient and family about hygiene and sanitation, were subsequently introduced. Ascaris is one of the nematodes with the highest incidence in developing areas. It can parasitize any part of the digestive tract, especially the jejunum and proximal ileum, but is rarely found in the colon. Ascaris can lead to abdominal pain, cholangitis, obstructive jaundice, pancreatitis, and gallstones [1]. Antiparasitic treatment, and improved hygiene and sanitation are important in preventing the spread of disease. In this case, the live ascaris was the cause of the patient’s abdominal pain and was removed under direct visualization.