A 66-year-old man was referred for investigation of melena with a fall in hemoglobin of 1.5 g/dl over 3 days. He was undergoing treatment with carboplatin, gemcitabine, and erlotinib for bone metastases from a non-small cell lung cancer and was taking fluindione for atrial fibrillation. He complained of diffuse abdominal pain and moderate weight loss, both of which were being attributed to his chemotherapy and the underlying cancer. A gastroduodenoscopy was performed, which showed erythematous gastritis. Towards the end of the endoscopy, while sucking up bile refluxing into the stomach, we were surprised when the suction caught a live tapeworm coming from the jejunum – usually this would be attached to the jejunal mucosa, the most frequent location for implantation of the scolex (Fig. 1). We finally withdrew a 50-cm tapeworm, which was confirmed as a *Taenia saginata* by microscopic examination (Fig. 2).

The patient was treated with oral niclosamide (2 g per day) and proton pump inhibitors. He had no recurrence of melena or abdominal pain, but unfortunately he died 6 weeks later following progression of his underlying malignancy.

The finding of a tapeworm during an upper gastrointestinal endoscopy is quite rare [1–5]. Most often, the diagnosis is made clinically, by identifying proglottids in the stool or in underwear, or endoscopically during a colonoscopy or a video capsule endoscopy [1, 6, 7]. In this case, the melena may have been caused by the nonspecific gastritis in association at that time with over-anticoagulation (INR 8) and thrombocytopenia (platelets 31 × 10⁹/L), as well as by jejunal erosion due to the mucosal insertion of the scolex [1, 4, 6]. The patient’s eosinophil count was normal, as confirmed by a myelogram, but this was because of the chemotherapy and bone marrow infiltration, which also explained his severe thrombocytopenia (as low as 7 × 10⁹/L). *Taenia saginata* infection is not rare in France (approximately 65,000 cases per year [8]) and in this case, in a patient who had eaten raw beef, it was made more likely by the immunosuppression from his chemotherapy.

**Competing interests:** None

**References**

3. Antaki N. Endoscopic discovery of a *Taenia* in the duodenal bulb. Endoscopy 2002; 34: 1033
ed cause of refractory iron deficiency anemia; Taenia spp. on capsule endoscopy. J Gastroenterol Hepatol 2012; 27: 843

7 Hosoe N, Imaeda H, Okamoto S et al. A case of beef tapeworm (Taenia saginata) infection observed by using video capsule endoscopy and radiography (with videos). Gastrointest Endosc 2011; 74: 690–691


Bibliography
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