Hypopharyngeal hirudiniasis presenting as hematemesis

Leeches belong to the Annelida division, Clitellata class, Hirudinea subclass. Common species of leeches that infest humans are Dinobdella ferox, Hirudinea granulosa, and Hirundinea viridis [1].

A 72-year-old man, a cattle breeder, presented to the emergency room with hematemesis of 10 days’ duration. He reported having drunk water from an open trough. He was conscious, and the physical examination findings were normal. He had a history of smoking 50 packs per year, but no co-morbidities or alcohol use. The hematology values at presentation were as follows: white cell count, 10 500/mm³; hemoglobin, 11.7 g/dL; mean corpuscular volume, 85/μm³; platelet count, 357 000/mm³. The next morning, the blood values were similar, without any significant changes. Endoscopic examination revealed several crater-type lesions that were slightly elevated from the mucosa, some of which were slowly bleeding. The lesions were located in the posterior wall of the oropharynx, root of the tongue, some parts of the esophagus, and the cardia region of the stomach. A careful endoscopic examination of the hypopharyngeal area revealed a live mobile organism, which was identified as a leech (Fig. 1, Fig. 2, Fig. 3). It was carefully removed with a surgical clamp. Follow-up blood tests revealed no significant changes in the hemoglobin values.

Leeches are known to adhere to various regions of the body. They may cause anemia and various symptoms, such as hemoptysis, epistaxis, nasal congestion, stridor, headache, hematemesis, difficulty swallowing, and vaginal bleeding. When the trachea and bronchi are affected by bleeding, asphyxia and death can occur [2]. Death as a result of profuse bleeding after the removal of leeches has been recorded [3].

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Competing interests: None

Haluk Tarik Kani1, Yucel Aydin2, Nezih Yalcin1, Mustafa Kaymakci3, Hakan Akin2

1 Department of Internal Medicine, Marmara University, Istanbul, Turkey
2 Departments of Internal Medicine and Gastroenterology, Marmara University, Istanbul, Turkey
3 Department of Ear, Nose, and Throat, Balikesir University, Balikesir, Turkey

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Corresponding author
Hakan Akin, MD
Department of Internal Medicine and Gastroenterology
Marmara University Basibusuk Kampusu Maltepe
Istanbul 34800 Turkey
Fax: +90 2164214379
drhakanakin@gmail.com
hakan.akin@marmara.edu.tr

Fig. 1 Hypopharyngeal hirudiniasis. View through the retroflexed scope shows the leech, uvula, and a slowly bleeding crater-type lesion.

Fig. 2 Root of the tongue and vocal cords. Two bleeding crater-type lesions are seen.

Fig. 3 Closer view of the crater-type lesion and root of the tongue.