

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 using forceps. Fascioliasis and other food-borne trematode infections are included in the list of important helminthiases that have a great impact on human development. Current changes in global weather patterns appear to be increasingly affecting snail-borne helmin-



Figure 1 Endoscopic view of *fasciolopsis buski* stuck in the second part of the duodenum.

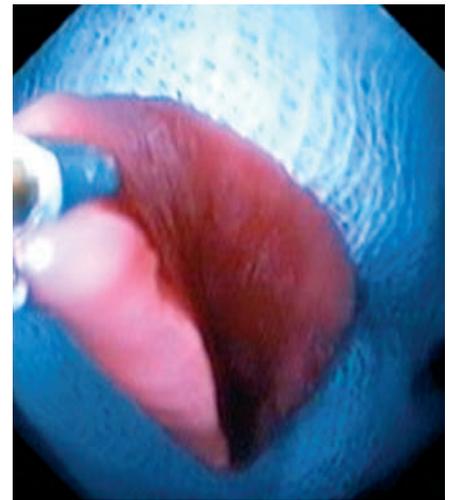


Figure 2 The endoscopically extracted *F. buski* worm was 4 cm long, 2 cm wide, and about 0.25 cm thick.

thiases, which are strongly dependent on environmental factors. Fascioliasis is a good example of a parasitic disease that is emerging (or re-emerging) in many countries as a consequence of changes in both environmental and human factors [1,2]. Unfortunately, despite control programs, *F. buski* still remains a public health problem in endemic areas and in areas where it was once thought to have been controlled [3,4].

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.

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Video 1

Upper gastrointestinal endoscopy, showing live, mobile *F. buski* in the second part of the duodenum. The worm was extracted using biopsy forceps.