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. Fasciolopsis 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 helminthiases, which are strongly dependent on environmental factors. Fasciolopsis 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.

References


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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.