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### A Rare Case of Gastric Ascariasis Lumbricoides Diagnosed During Upper Gastrointestinal Endoscopy

Following a recent trip to Pakistan, a 57-year-old Asian woman presented with iron deficient anaemia (haemoglobin 8.6 g/dl, ferritin 9 µg/l). She had mild dyspepsia but there were no symptoms of blood loss or haematemesis. At upper gastrointestinal endoscopy there was mild gastric erythema and 15 cm worm was seen in the gastric antrum. This moved slowly through the pylorus into the duodenum, where it was grasped gently with biopsy forceps. The entire instrument was removed along with the intact worm, which was identified as an adult male *Ascaris lumbricoides* (Figure 1). The patient was given two units of blood and treated with one day's oral

mebendazole. She had no further treatment and 11 months later her haemoglobin was only marginally low, at 11.2 g/dl, suggesting that intestinal parasitic infestation was the likely cause of her anaemia.

Diagnosis of *Ascariasis lumbricoides* often follows expulsion of the adult worm from the anus. Occasionally worms are seen at contrast radiography, but aggregations can cause intestinal perforation, obstruction, volvulus, intussusception, appendicitis or obstruction of the biliary tree. Vomiting of adult *Ascaris* has been described, resulting in rare cases of extension of the worm through the ear, and nasogastric tube

obstruction. Diagnosis at gastroduodenoscopy is extremely rare, however, possibly owing to the unfavourable acid environment of the stomach. There are only eight reported cases of the worm being identified in the stomach at endoscopy or barium meal (1–5). In three of these there were extensive gastric erosions, two had associated haematemesis, two had anaemia and three had gastric outlet obstruction. Our case is only the second from Europe, and was associated with iron-deficient anaemia in the absence of gastroduodenal erosions or haematemesis.

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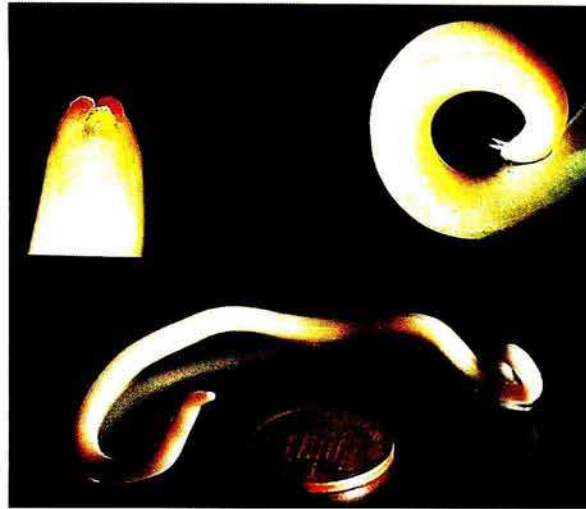
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**Figure 1:** Photograph of *Ascaris lumbricoides*, minutes after it had been removed endoscopically from the stomach of a patient with mild dyspepsia and anaemia.