A 39-year-old man presented at hospital having suffered from watery diarrhea for 10 days. He had also had fever, chills and periumbilical cramping pain for 3 days. He had recently traveled to Jakarta and had taken snake’s blood and gall 2 days before diarrhea developed. Blood tests showed leukocytosis (13,070/µl), eosinophilia (6414 cells/µl) and an increased serum IgE level (360 IU/ml). His hemoglobin count was 17.2 g/dl, and a fecal smear demonstrated some ova. Colonoscopy revealed two parasites, both about 1 cm long, with one in the ascending colon (Figure 1) and the other in the sigmoid colon. They were extracted endoscopically and proved to be hookworms (Ancylostoma species). A capsule endoscopy was arranged in order to define the extent of the parasitic infection and rule out the possibility of other small-intestinal diseases (Video). The capsule endoscopy examination identified several worms in the stomach, duodenum, jejunum and proximal ileum. Figure 2 shows a hookworm in the jejunum, which was sucking blood, with the worm’s body turning red. The patient’s symptoms subsided after a 3-day course of mebendazole treatment.

Competing interests: None

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Figure 1  A worm was seen on the colonic wall and was extracted by colonoscopy.

Figure 2 Capsule endoscopy revealed a worm in the jejunum.

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