

# Whipworm Found During a Colonoscopy

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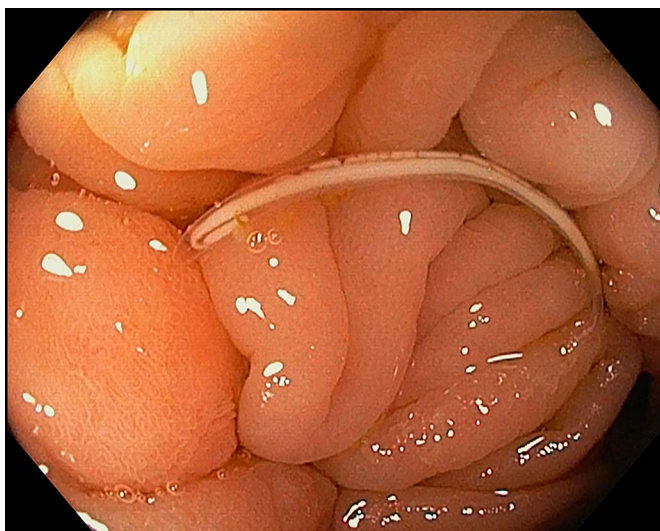
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## CASE REPORT

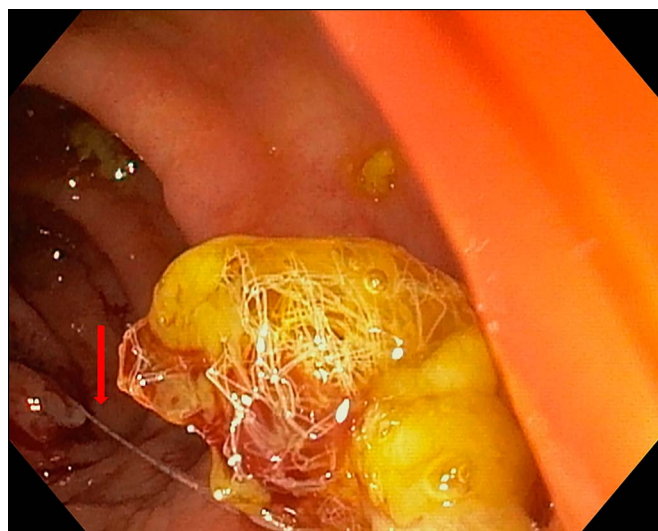
A 78-year-old man underwent a surveillance colonoscopy after a previous large polypectomy. He was otherwise healthy and had no concerning symptoms. He had recently traveled to South Africa and Thailand. He had a remote history of traveling to East Africa as a member of the Peace Corps. During the colonoscopy, a worm measuring 2 cm in length was found in the ascending colon affixed to the mucosa (Figure 1). En bloc resection was undertaken with a Roth net. On attempted removal, the worm was found to be firmly affixed to the mucosa (Figure 2). The worm was submitted en bloc, without fixation, to the microbiology department. Examination of the specimen revealed the glandular stichosome around the anterior esophagus, diagnostic of an adult female *Trichuris trichiura* (whipworm).

*T. trichiura* is the third most common roundworm infection in humans, frequently found in subtropical and tropical regions. Transmission is fecal-oral with humans as the principal host. Adult worms live in the cecum and ascending colon, with their anterior portions threaded into colonic mucosa (Figure 2). Females deposit up to 20,000 eggs per day which are shed in the stool. Infection is largely asymptomatic, but heavy infections can cause abdominal pain, anorexia, diarrhea, or rectal prolapse.<sup>1</sup>

The literature on infections in endemic regions show that colonoscopy is superior to stool ova and parasite examination for diagnosis as eggs were only seen in 2.7%–6.4% of cases where colonoscopy revealed a worm.<sup>2,3</sup> In a review of over 4,000 patients, 82% of patients were treated with endoscopy removal of worms alone.<sup>2</sup> If needed, treatment options include albendazole, mebendazole, and ivermectin.<sup>1</sup>



**Figure 1.** Whipworm in the ascending colon with mouth and esophagus visible next to the glandular stichosome in the *T. trichiura* body.



**Figure 2.** Attempted retrieval of a whipworm with Roth net was impeded by the tail of the worm firmly threaded into the mucosa (arrow). This was overcome with moderate force.

## DISCLOSURES

Author contributions: XJ Wang wrote the manuscript and is the article guarantor. JE Eaton revised the manuscript.

Financial disclosure: None to report.

Informed consent was obtained for this case report.

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