



## Image of the Month

## Incidental diagnosis of appendiceal ascariasis during colonoscopy

Wook Ho Kang<sup>a,\*</sup>, Sang Chul Jee<sup>b</sup>, Byung Eun Yoo<sup>a</sup>, Yong Taek Ko<sup>a</sup><sup>a</sup> Department of Coloproctology, Yang Hospital, Namyangju, Republic of Korea<sup>b</sup> Department of Gastroenterology, Yang Hospital, Namyangju, Republic of Korea

A 55-year-old man with hypertension and alcoholic fatty liver disease presented for routine examination. He denied gastrointestinal symptoms such as pain, bleeding, or diarrhea. He often consumed raw fish, meat, or snakes, and enjoyed outdoor camping. His white blood cell count was 4990/mm<sup>3</sup> with 1.15% eosinophils. Abdominal ultrasonography performed for follow-up of fatty liver disease showed no abnormalities except continued findings of fatty liver. Esophagogastroduodenoscopy (EGD) was normal. However, during colonoscopy, a cylindrical, smooth, white-colored, 15-cm-long worm was observed to be moving in the cecum, with its one end inside the appendiceal orifice (Fig. 1). The parasite was

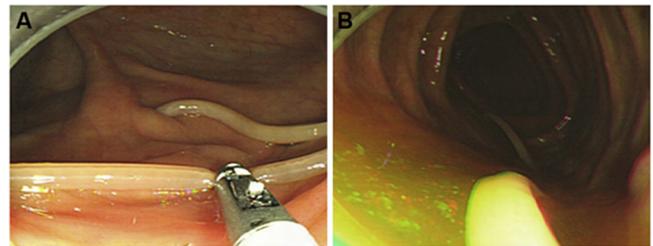


Fig. 2. The worm was removed with endoscopic forceps.

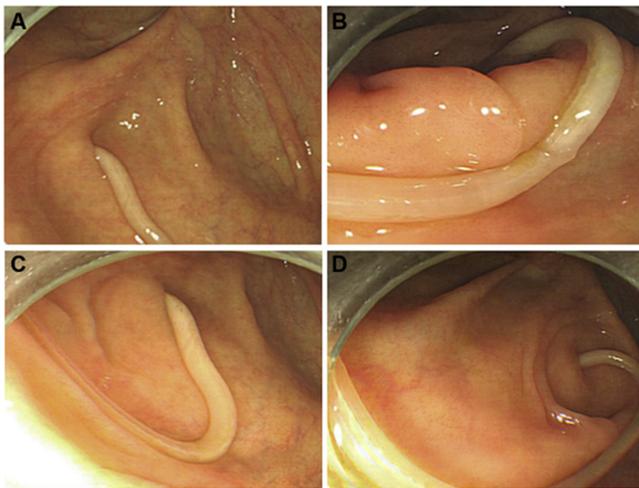


Fig. 1. A male *Ascaris lumbricoides* worm was observed to be moving in the cecum, with its one end inside the appendiceal orifice.

removed using endoscopic forceps (Fig. 2) and was identified as a male *Ascaris lumbricoides* worm. Examination of the stool for ova was negative. The patient was prescribed 400 mg of oral alben-

dazole as a single dose. After 3 months, he underwent follow-up colonoscopy and no worms were observed.

*A. lumbricoides* is the largest intestinal nematode that can be found in humans. Humans can become infested with roundworms by ingesting vegetables or water contaminated with fertilized eggs. The adult worms may cause abdominal pain, intestinal or biliary obstruction, perforation, and/or appendicitis in a few patients [1]. However, most patients with ascariasis are asymptomatic, as was observed in this patient. Thus, they are occasionally incidentally detected on routine colonoscopic examination.

**Conflict of interest**

None declared.

**Acknowledgments**

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**Reference**

- [1] Goenka MK, Chowdhury A, Das K. Appendicular ascariasis: colonoscopic management. *Gastrointest Endosc* 1999;50:435–6.

\* Corresponding author at: Department of Coloproctology, Yang Hospital, 933, Gyeongchun-ro, Namyangju-si, Gyeonggi-do 12234, Republic of Korea.

E-mail addresses: [wookhos@hanmail.net](mailto:wookhos@hanmail.net) (W.H. Kang), [dr-jee@hanmail.net](mailto:dr-jee@hanmail.net) (S.C. Jee), [bassyoo79@naver.com](mailto:bassyoo79@naver.com) (B.E. Yoo), [penrose1028@naver.com](mailto:penrose1028@naver.com) (Y.T. Ko).