



Clinical Image

An uncommon presentation of strongyloidiasis

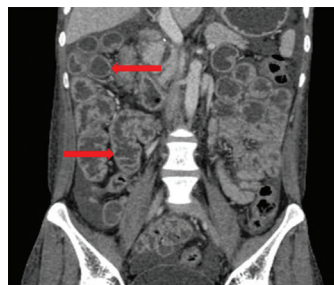


Fig. 1. Contrast-enhanced computed tomography scan of abdomen showing jejunoileal folds pattern reversal: Featureless jejunal loops (upper red arrow) and increased mucosal folds in the ileal loops (lower red arrow).

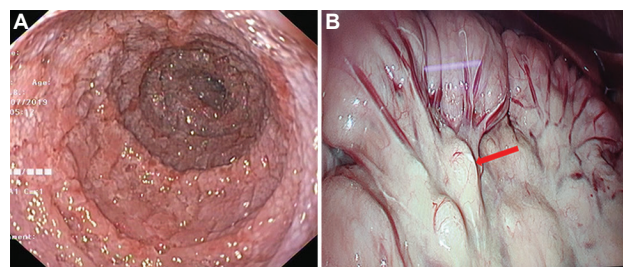


Fig. 2. (A) Upper gastrointestinal endoscopic picture showing severe duodenal fissuring. (B) Laparoscopic picture showing ileal loops with enlarged mesenteric lymph nodes (red arrow).

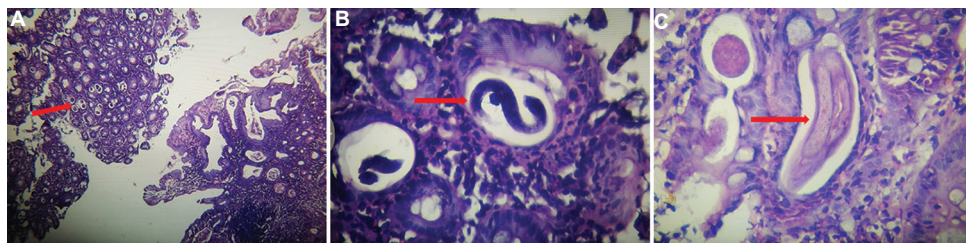


Fig. 3. (A) Histopathology photomicrograph showing duodenal mucosa with multiple eggs of *Strongyloides stercoralis* (H and E, $\times 10$). (B) Histopathology photomicrograph showing filariform larvae of *Strongyloides stercoralis* (H and E, $\times 40$). (C) Histopathology photomicrograph showing rhabditiform larvae of *Strongyloides stercoralis* (H and E, $\times 40$).

A 30 yr old immunocompetent male[†] presented with anasarca of one month to the department of Gastroenterology, Topiwala National Medical College & B.Y.L. Nair Charitable Hospital, Mumbai, India, in March 2019. On evaluation, haemoglobin (10.9 g/dl) and serum protein (2.8 g/dl) were low; other laboratory findings were normal. Computed tomographic scan of the abdomen showed jejunoileal fold pattern reversal with mesenteric

lymphadenopathy (Fig. 1); upper gastrointestinal endoscopy showed duodenal fissuring (Fig. 2A); laparoscopy showed prominent mesenteric lymph nodes (Fig. 2B); histopathological examination showed larvae and eggs of *Strongyloides* (Fig. 3A-C). A diagnosis of strongyloidiasis complicating protein-losing enteropathy was made. Faecal alpha 1-antitrypsin clearance suggested protein-losing enteropathy. The patient was

[†]Patient's consent obtained to publish clinical information and images.

treated with two days of oral ivermectin and was asymptomatic on seven months of follow up.

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Conflicts of Interest: None.

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