



# Images in Gastrointestinal Infections: Dual Infection of *Enterobius vermicularis* and *Entamoeba histolytica* in a Case with Bloody Diarrhea

Rinkalben Kakadiya<sup>1</sup> Mayank Kabrawala<sup>1</sup> Pankaj Desai<sup>2</sup> Priya Arora<sup>3</sup>

<sup>1</sup> Department of Gastroenterology, Surat Institute of Digestive Science, Surat, Gujarat, India

<sup>2</sup> Department of Gastrointestinal Endoscopy, Surat Institute of Digestive Science, Surat, Gujarat, India

<sup>3</sup> Department of Pathology, Surat Institute of Digestive Science, Surat, Gujarat, India

Address for correspondence Rinkalben Kakadiya, DM Gastroenterology, Surat Institute of Digestive Science, SIDS Hospital, Majura Gate, Ring Road, Surat, Gujarat, India (e-mail: Rinkalkkdy2508@gmail.com).

J Gastrointest Infect 2024;14:31–32.

A 27-year-old woman presented to the emergency department with chronic bloody diarrhea for 6 weeks. She had a stool frequency of five to seven per day. Her physical and per rectal examinations were normal. Investigations revealed anemia with hemoglobin of 9.7% and red blood cells in stool examination. Colonoscopy revealed a few ulcers in the cecum, ileocecal valve (►Fig. 1a), and rectum (►Fig. 1b). Histopathology examination of cecal biopsy revealed *Enterobius vermicularis* (pinworm; ►Fig. 1c). However, symptoms and endoscopic findings could not be explained by *E. vermicularis* alone. The biopsy and colonoscopy findings did not suggest inflammatory bowel disease. On careful histopathology slide review, trophozoites of *Entamoeba histolytica* were seen in cecal and rectal biopsy (►Fig. 1d). The patient was treated with metronidazole, diloxanide furoate, and albendazole. The patient's symptoms improved. In this case, the clinical presentation was inconsistent with *E. vermicularis* infection, which was obvious in the initial examination. A few trophozoites of *E. histolytica* were discovered on diligent review of histopathology. This case highlights the importance of keeping broad differentials and reviewing all investigations when discordancy with a clinical profile exists.<sup>1</sup>

## Ethical Statement

Not applicable for the images. Informed consent was taken from the patient.

## Authors' Contribution

All the authors contributed equally to the article.

## Data Availability Statement

There are no data associated with this work.

## Funding

None.

## Conflict of Interest

None declared.

## Acknowledgment

None.

## Reference

- 1 Sethi S, Nayak HK, Panigrahi C, Patra S, Panigrahi MK, Samal SC. Double infection in Crohn's disease. Indian J Gastroenterol 2023;42 (05):731–3

## received

April 6, 2023

## first decision

April 28, 2023

## accepted

May 13, 2023

## article published online

February 20, 2024

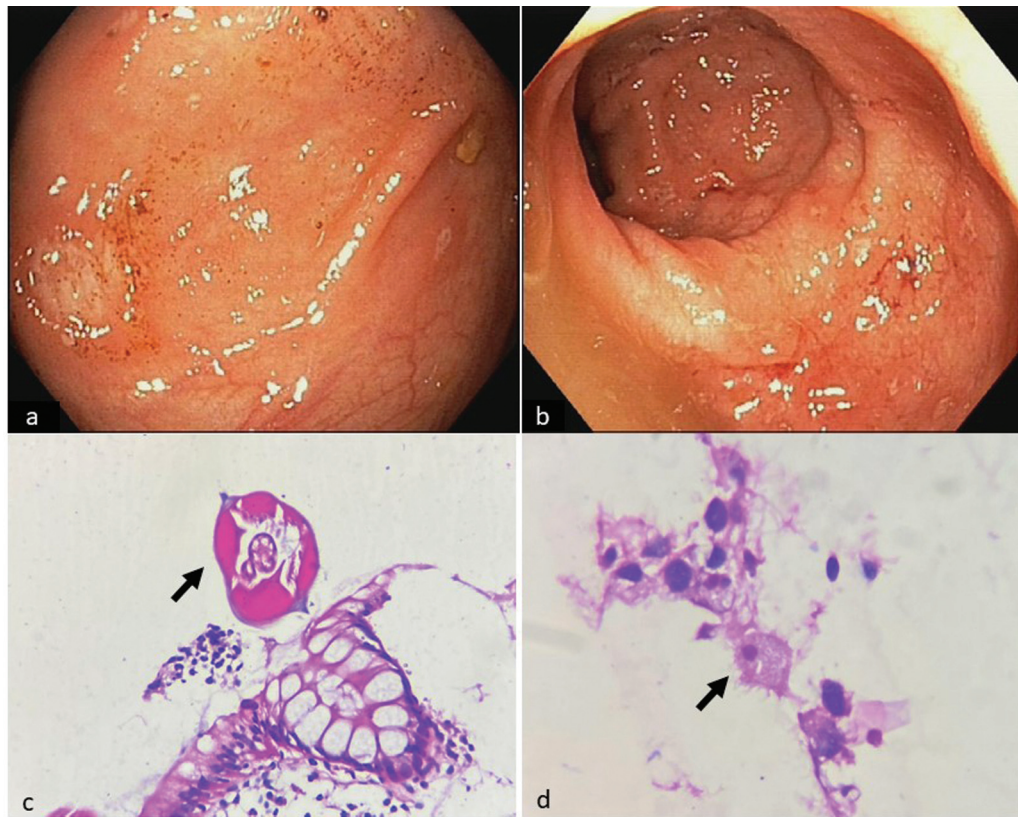
DOI <https://doi.org/10.1055/s-0043-1770158>.

ISSN 2277-5862.

© 2024. Gastrointestinal Infection Society of India. All rights reserved.

This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial-License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (<https://creativecommons.org/licenses/by-nc-nd/4.0/>)

Thieme Medical and Scientific Publishers Pvt. Ltd., A-12, 2nd Floor, Sector 2, Noida-201301 UP, India



**Fig. 1** Colonoscopy images of (a) ulcers in the cecum and (b) erosion and erythema in the rectum. Histopathology with hematoxylin and eosin (H&E) stain (c) cross-section image of *Enterobius vermicularis* (black arrow) and (d) trophozoites of *Entamoeba histolytica* (black arrow).