

Acute diarrhoea in a child- fish tape worm infestation-we all may miss!

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Abstract

A nine-year-old girl was admitted with complaints of vomiting, loose stools, low-grade continuous fever from 3 days and recurrent abdominal pain. *Diphyllobothrium* genus belongs to the order *Diphyllobothridea*. *D. latum*, commonly referred to as “fish tapeworm,” infects humans¹. *Diphyllobothriasis* causes minimal local pathology. We emphasize the need for pediatricians to suspect Fish Tape Worm Infestation in acute diarrhoea in children and treat this infestation with single dose of Praziquantel.

Keywords: Acute diarrhoea.

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Received Date: 05/01/2015 Revised Date: 02/12/2015 Accepted Date: 12/10/2016

Access this article online	
Quick Response Code:	Website: www.medpulse.in
	DOI: ---

INTRODUCTION

We report a rare case of Fish Tape Worm Infestation that occurred in India.

CASE PRESENTATION

A nine-year-old girl was admitted with complaints of vomiting, loose stools, low-grade continuous fever from 3 days and recurrent abdominal pain. The vomitus contains undigested food particles. Her stools were watery in consistency, contained no blood or mucus, and the patient showed no signs of dehydration. She reported no history of similar complaints or any previous hospitalization. A general physical examination revealed the patient to be moderately built and dull looking, with normal vitals.

Investigations

Hemogram showed macrocytic- anemia. Stool examination showed the presence of operculated eggs measuring 75 µm×40 µm (Figure 1). scolex of the

tapeworm along with gravid proglottids and a group of eggs (Figure 2). On the basis of the morphology of the eggs with operculum and the presence of broader than long segments, as well as the scolex, the parasite was identified as *Diphyllobothrium* spp.

DISCUSSION

Diphyllobothrium genus belongs to the order *Diphyllobothridea*. *D. latum*, commonly referred to as “fish tapeworm,” infects humans¹. *Diphyllobothriasis* causes minimal local pathology, but is responsible for reduced vitamin B12 absorption and altered gut mobility². The common symptoms include diarrhea, vomiting, low grade fever, and abdominal discomfort. *Diphyllobothriasis* is associated with eating raw fish and is endemic to Serbia, Scandinavia, North America, Japan, and Chile, with more than 2% prevalence worldwide. A detailed review of the previous literature revealed that only three previous cases³⁻⁵ in India all from southern india and all were in pediatric patients, in contrast to what has been observed in recent Korean cases of *diphyllobothriasis*, which involved middle-aged individuals⁶. In contrast to what was observed in previous studies, our patient showed no marked eosinophilia and presented with mild fever³. The child was treated with single dose of praziquantel (10mg/kg) and B12, Folic acid supplementation. Parents were counselled. Repeat stool examination found normal.

CONCLUSION

We emphasize the need for pediatricians to suspect Fish Tape Worm Infestation in acute diarrhoea in children and treat this infestation with single dose of Praziquantel.

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Source of Support: None Declared
Conflict of Interest: None Declared