



Twisted in the Tube

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Abstract

Ascaris lumbricoides is the common helminthic disease in developing countries with wide spectrum of clinical presentations. The surgical complications due to *Ascaris lumbricoides* include intestinal obstruction, volvulus, intussusception, biliary colic, cholecystitis, cholangitis, perforation, hepatic abscesses and strictures of hepatobiliary ducts. Here presented is a case of blockage of Ryle's tube because of adult *Ascaris lumbricoides* in a 3 year old baby.

Keywords: *Ascaris lumbricoides*; Nasogastric tube; Obstruction; Blockage

Introduction

Ascaris lumbricoides is one of the largest of the helminthic parasites that infest the human bowel, common in regions with poor sanitation, in the tropics and subtropics [1]. *Ascaris lumbricoides* is an intestinal round worm that is responsible for various surgical complications such as small bowel obstruction, volvulus, intussusception, biliary colic, cholecystitis, cholangitis, perforation, hepatic abscesses and strictures of hepatobiliary ducts [1,2]. An unusual complication due to *Ascaris lumbricoides* is presented here.

Case Presentation

A 3 year old male child was admitted in surgical intensive care unit as a case of blunt abdominal trauma with hemoperitoneum from splenic tear. Nasogastric tube was placed for conservative management. On second day nasogastric tube was blocked. When the tube was removed it was found to contain an adult *Ascaris lumbricoides*.

Discussion

Ascaris lumbricoides is the most common helminthic causing human infection. It is most prevalent in tropical countries [3]. Poor socioeconomic status along with high number of eggs that are durable and a pervasive distribution of the parasite facilitates its spread in the society. Transmission occurs mainly via ingestion of contaminated water and food [4].

Adult worm usually inhabit the lumen of jejunum and mid ileum but are notorious for their propensity to migrate through orifices and ducts. This tendency explains the hepatobiliary, pancreatic complications [5]. In this case, the obstruction of the nasogastric tube occurred due to this nature of the parasite.

Nasogastric tube obstruction can result from mechanical complications like malpositioning, coiling, kinks, disruptions, knot formation and thick gastric contents. However in our case the cause of obstruction was unusual, therefore in endemic areas worms should also be remembered while considering a cause in cases with blocked nasogastric tube.

Conclusion

In endemic areas, like tropical and subtropical countries with poor sanitation and hygiene, worms should also be considered in a case of block nasogastric tube.

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