

A Rare Case of Gastrointestinal Strongyloidiasis in a Patient With Weight Loss

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Introduction

- Strongyloidiasis is a disease caused by an infection with the nematode *Strongyloides stercoralis*.
- *S. stercoralis* is able to reproduce through an asexual autoinfection cycle, allowing it to multiply indefinitely within the host causing fatal infection in the immunocompromised.
- We present a case of strongyloidiasis hyperinfection diagnosed after an EGD.

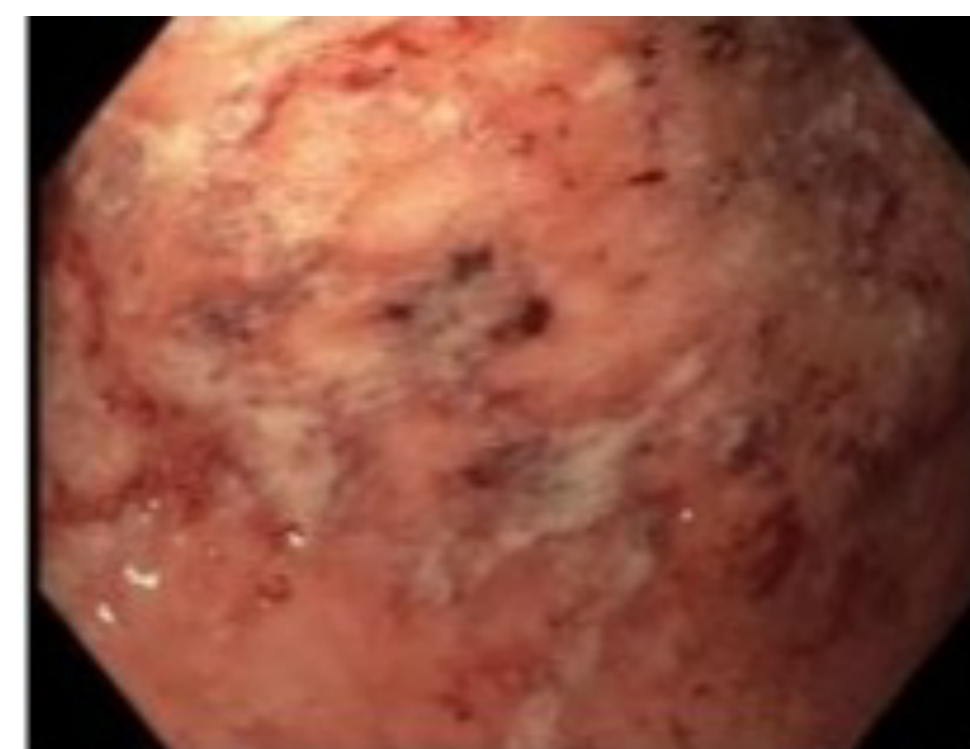


Figure 1 Gastric Body



Figure 2 Incisura of the Stomach



Figure 3 Duodenal Bulb

Case Description

- A 69-year-old male with PMH of rectal adenocarcinoma in remission presented with months of progressive weakness.
- Symptoms included diarrhea, nausea, early satiety, and a 40lb weight loss in 3 months.
- The patient was hospitalized several times for similar symptoms. Concerns were raised for colonic malignancy given his history, however, a colonoscopy that was performed within a year from the encounter was unremarkable.
- Anemia, eosinophilia, and transaminitis were noted on admission.
- Abdominal examination was benign. An extensive workup was performed including imaging, gastric emptying study, and stool cultures yielded no remarkable findings.
- While hospitalized, the patient's Hg dropped for which an inpatient EGD was performed. Erythematous, friable, and eroded gastric mucosa and duodenal mucosal changes were seen (Figures 1-3).
- The biopsy showed inflammation with parasitic larvae consistent with *S. Stercoralis*. The diagnosis was confirmed with serology testing.
- Two doses of Ivermectin were given to the patient with significant clinical improvement.

Discussion

- Strongyloidiasis is a soil-transmitted disease that is endemic in the tropics and subtropics.
- While In the US it can be found among immigrants and travelers, our case was a Caucasian male residing in the Midwest with no travel history.
- The infection starts with Larvae penetrating bare skin and causing a local reaction.
- Acute infection happens when larvae reach the lungs while migrating to the GIT causing tracheal irritation and a dry cough.
- The establishment of the parasite in the intestine causes the chronic disease. It is usually asymptomatic/mild GI symptoms.
- Eosinophilia, as noted in our patient, is a remarkable finding. Pruritic linear streaks resulting from migrating larvae are significant skin findings, however, none was present in our case.
- Hyperinfection is a potential medical emergency and occurs with increased larval migration. Exacerbation of GI symptoms is seen. In our patient severity of symptoms implied the hyperinfectivity warranting immediate treatment.
- Ivermectin is the treatment of choice as it targets both adults and larvae.

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