

A Strongyloides of a Gastritis

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Introduction

Strongyloides Stercoralis is an intestinal parasite that is normally seen in endemic areas such as Southeast Asia, South America, or other tropical areas. Strongyloides rarely inhabits gastric mucosa given acidic nature. Here we present a case of a 72 yo Male who was found to have strongyloides stercoralis in the gastric antrum and body.

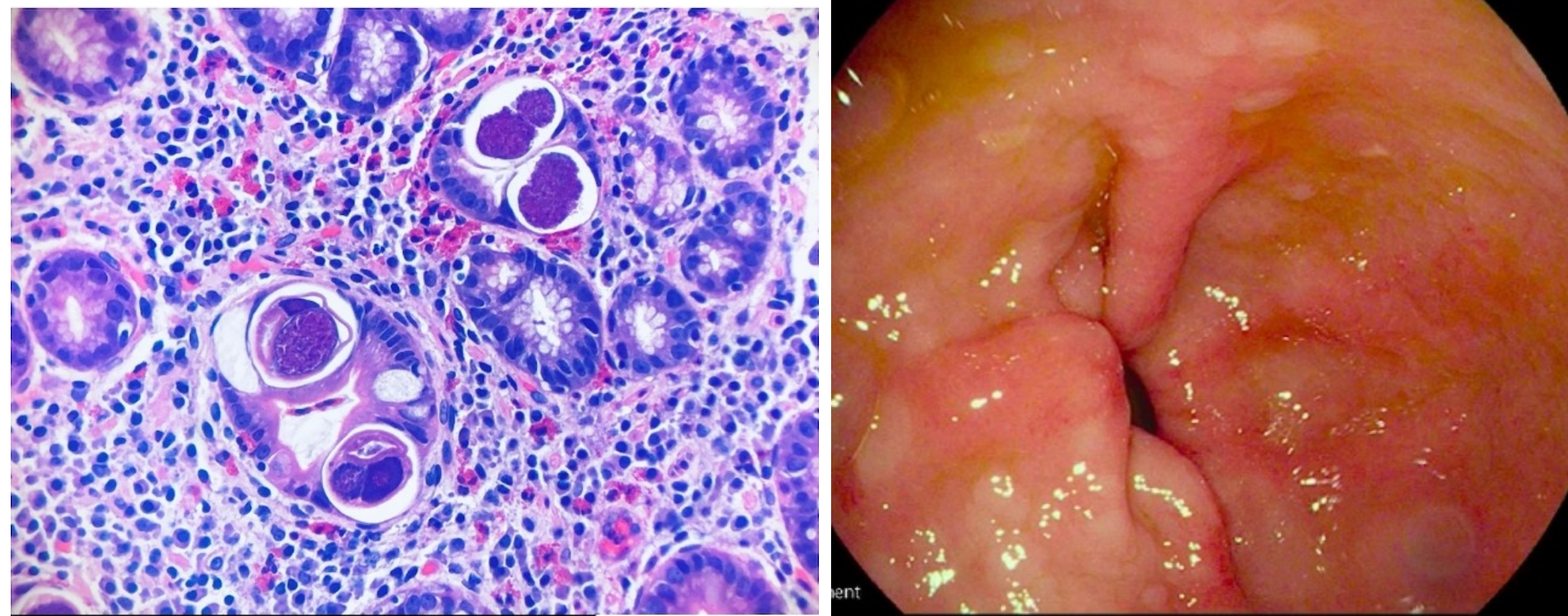


Figure 1. Histological confirmation of strongyloides

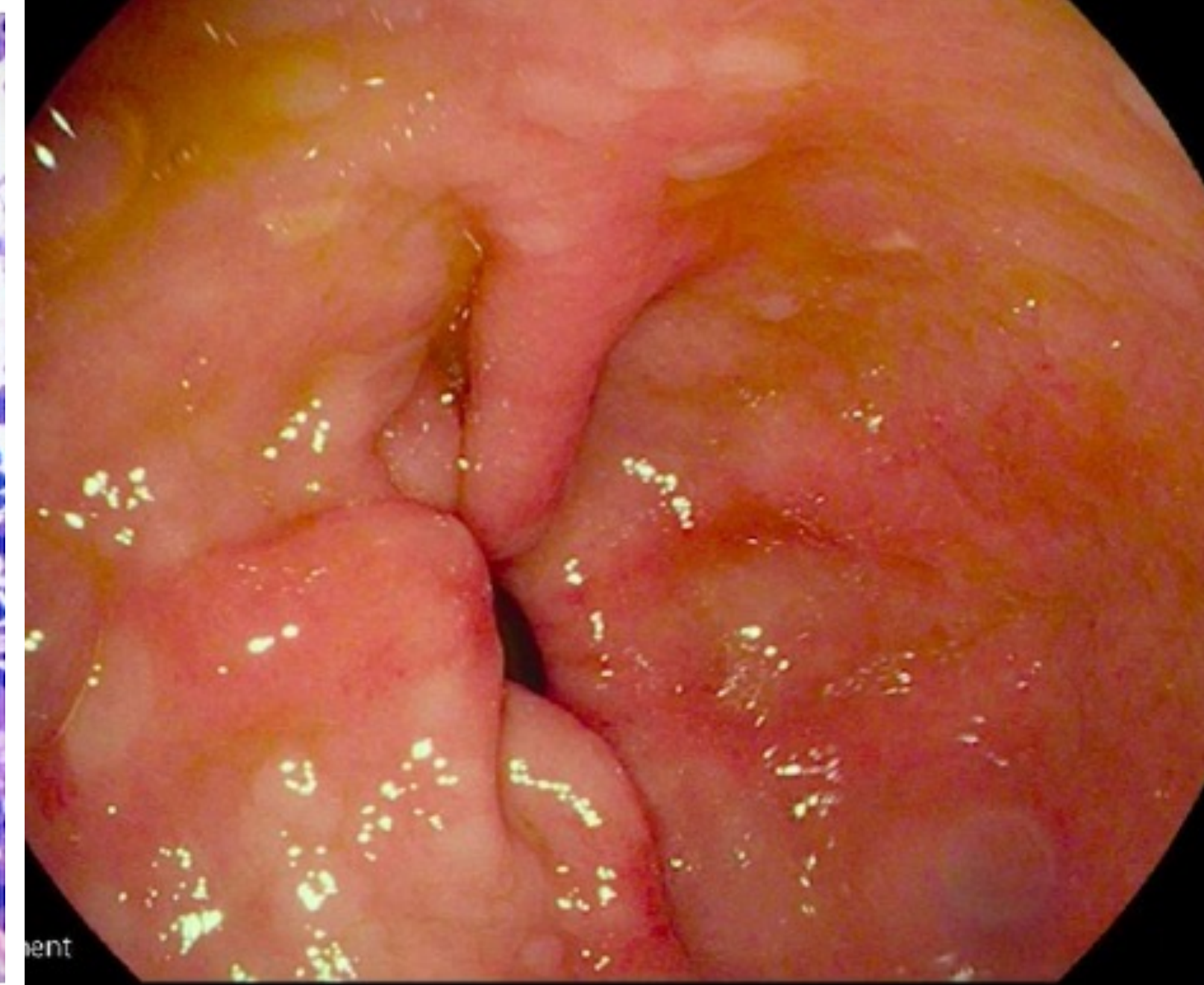


Figure 2. Endoscopic view of the stomach with patchy infiltrates

Case Presentation

A 72 year old Dominican Republic male with hypertension, diabetes, and BPH presented to the hospital with complaints of epigastric pain ongoing for 1 day. He was noted to have bright red blood from rectum 1 time prior to presenting to the hospital. During initial workup, he was found to be hemodynamically stable with a slight decrease in hemoglobin of 11.3 and eosinophilia of 13. EGD and Colonoscopy were performed. EGD was found to have erythematous mucosa in gastric body and antrum with nodular mucosa. Colonoscopy was consistent with hematin in the entire colon, diverticulosis in the rectosigmoid colon and sigmoid colon. Pathology results for EGD showed strongyloides gastritis in the antrum and body in the background of autoimmune metaplastic atrophic gastritis. Patient was later discharged and instructed to follow with gastroenterologist outpatient.

Discussion

Strongyloides is a nematode that commonly found in the intestinal tract in tropical areas. Usually the parasite live buried in crypts in the proximal small intestine. Gastric involvement has rarely been seen given the acidic nature of the stomach. However it is noted that reduced gastric secretion or immunocompromised state might favor larvae migration to the stomach. The common symptoms that have been reported with gastric involvement include abdominal pain, diarrhea, and nausea. Laboratory studies may reveal eosinophilia; however eosinophilia can be absent in immunocompromised hosts. Gold standard for diagnosis remains stool studies which may need to be done multiple times as parasitic output in the stool is usually low. In our patient given his age, symptoms, and country of origin strongyloides should be kept in thought, although rare gastric involvement can be fatal.

Contact

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References

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