

Abdominal wall enterobiasis: case report

Enterobiasis de la pared abdominal: reporte de caso

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ABSTRACT

Extraintestinal infestation with *Enterobius vermicularis* is a rare manifestation of the disease present only in humans. It has been described occurring in anatomical sites where larvae may migrate such as vagina, endometrium, fallopian tubes and peritoneum. Perianal abscesses can occur as a result of chronic infestation and inoculation after scratching the skin. To date, no description of another site of inoculation has been described in the literature. The case of a 51 year old female patient, with extraintestinal enterobiasis incidentally found after taking a biopsy of the abdominal wall is described here.

KEY WORDS

Enterobius vermicularis

Complication

Extraintestinal

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RESUMEN

La infestación extraintestinal con *Enterobius vermicularis* es una rara manifestación de la enfermedad, que se presenta sólo en los seres humanos. Se ha descrito que ocurre en lugares anatómicos adonde las larvas pueden migrar como la vagina, endometrio, trompas de Falopio y peritoneo. Como resultado de la infestación crónica pueden ocurrir abscesos perianales después de la inoculación y arañar la piel. Hasta la fecha, ninguna reporte de otro sitio de inoculación se ha descrito en la literatura. Se presenta el caso de una paciente de 51 años, con enterobiasis extraintestinal encontrada incidentalmente luego de tomar una biopsia de la pared abdominal.

PALABRAS CLAVES

Enterobiasis vermicularis

Complicación

Extraintestinal

CASE DESCRIPTION

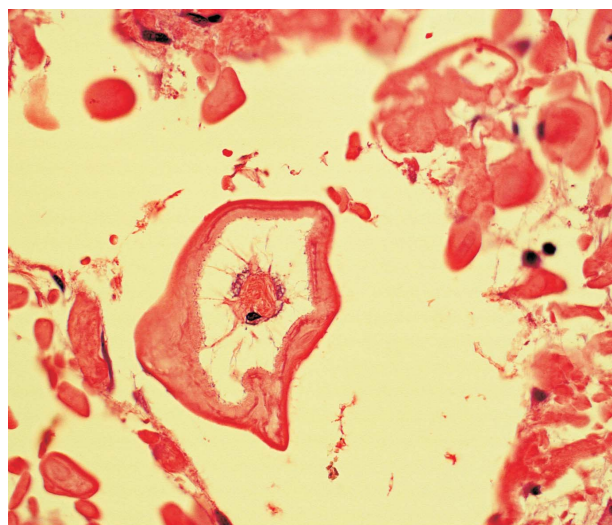
A 51 year old female, insulin dependent diabetic patient underwent routine CT scanning of her abdominal wall to evaluate the size and location of a recurrent incisional abdominal wall hernia. Incidentally, a calcified lesion was found in the subcutaneous tissue at the right upper quadrant of the abdomen (Fig 1).

During surgery, and after obtaining proper consent, the lesion was biopsied, revealing a non encapsulated area of diffuse calcified granuloma, which was sent for histopathological analysis. Histology revealed a granuloma containing *Enterobius vermicularis* (Fig 2). On questioning the patient, she denied any peri-anal symptoms or manifestation of enterobiasis. Further testing revealed no further infestation.

Figura 1. CT OF ABDOMINAL WALL SHOWING AL CALCIFIED LESION IN THE ADIPOSE LAYER OF THE ANTERIOR ABDOMINAL WALL AND EXTENSIVE PERI-LESIONAL INFLAMMATION



Figura 2. H&E X400 CORONAL MAGNIFICATION OF ONE LARVAE



DISCUSSION

Infestation with *Enterobius vermicularis* is highly prevalent in Europe. Transmission is commonly via the fecal-oral route and can be asymptomatic.

In this case, an incidental finding on the CT scan, revealed a rare occurrence of the disease, involving the abdominal wall. Little is known about the long term consequences of this presentation, and further follow up will be necessary to establish its course. Treatment at present is only effective for the intestinal manifestations with albendazole, which is not absorbed systemically. Testing of close contacts and treatment is mandatory in all cases of enterobiasis.

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