

Hookworm Induced Obscure Overt Gastrointestinal Bleeding

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1. Case Report

A 52 year-old man with no known comorbids presented with generalized weakness and intermittent melena for 3 months. He was admitted in two other hospitals for the similar complaints where initial work up was done and he was transfused 20 pints of packed red blood cells. Upper GI Endoscopy and colonoscopy were non-diagnostic as per his previous record. Before proceeding to workup of Obscure GI Bleed and CT angiography, we decided to repeat the esophagogastroduodenoscopy, which revealed multiple live worms attached to the duodenal mucosa sucking blood with underlying bleeding erosions (Figure 1 and 2).

The patient was given oral Albendazole 400 mg twice a day for 3 days. His Melena settled. He was discharged home with advice to follow up in OPD. Patients Hemoglobin improved and he had no further episode of melena.

Hookworms are an important cause of Anemia. These may cause occult and even overt bleeding [1]. These are unusual cause of acute bleeding [2]. Mostly they get detected while doing work up of iron deficiency anemia. These worms may be detected either on stool examination or they may be identified during endoscopy, enteroscopy, or capsule endoscopy.

The treatment is single oral dose of albendazole 400 mg but there are reports of failures to this treatment so it is recommended to give 400 mg of albendazole for three consecutive days or as a single 800 mg dose [3]. Prevention includes walking barefoot in endemic areas.



Figure 1:



Figure 2:

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