




Images in Gastrointestinal Infections: Dual Infection of *Enterobius vermicularis* and *Entamoeba histolytica* in a Case with Bloody Diarrhea

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A 27-year-old woman presented to the emergency department with chronic bloody diarrhea for 6 weeks. She had a stool frequency of five to seven per day. Her physical and per rectal examinations were normal. Investigations revealed anemia with hemoglobin of 9.7% and red blood cells in stool examination. Colonoscopy revealed a few ulcers in the cecum, ileocecal valve (►Fig. 1a), and rectum (►Fig. 1b). Histopathology examination of cecal biopsy revealed *Enterobius vermicularis* (pinworm; ►Fig. 1c). However, symptoms and endoscopic findings could not be explained by *E. vermicularis* alone. The biopsy and colonoscopy findings did not suggest inflammatory bowel disease. On careful histopathology slide review, trophozoites of *Entamoeba histolytica* were seen in cecal and rectal biopsy (►Fig. 1d). The patient was treated with metronidazole, diloxanide furoate, and albendazole. The patient's symptoms improved. In this case, the clinical presentation was inconsistent with *E. vermicularis* infection, which was obvious in the initial examination. A few trophozoites of *E. histolytica* were discovered on diligent review of histopathology. This case highlights the importance of keeping broad differentials and reviewing all investigations when discordancy with a clinical profile exists.¹

Ethical Statement

Not applicable for the images. Informed consent was taken from the patient.

Authors' Contribution

All the authors contributed equally to the article.

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There are no data associated with this work.

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Conflict of Interest

None declared.

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Reference

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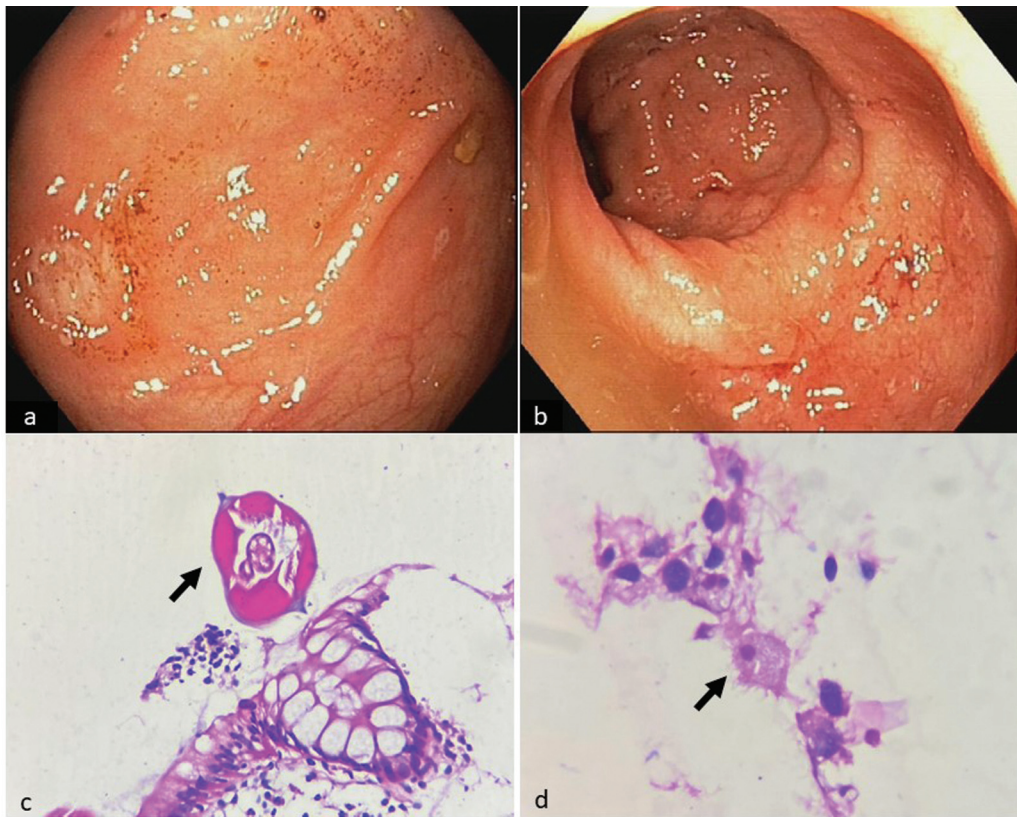


Fig. 1 Colonoscopy images of (a) ulcers in the cecum and (b) erosion and erythema in the rectum. Histopathology with hematoxylin and eosin (H&E) stain (c) cross-section image of *Enterobius vermicularis* (black arrow) and (d) trophozoites of *Entamoeba histolytica* (black arrow).