

ENTEROBIASIS





Enterobius vermicularis

(pin worm, seat worm)



- Parasite of large intestine (esp. caecum)
- World-wide distribution (not only in tropics)
- NOT a geohelminth



objectives

- You should be able to describe the
 - Morphology
 - Life cycle
 - Infective and diagnostic stage
 - Mode of transmission
 - Pathology
 - Sign and symptoms
 - Presentation diagnosis and treatment of Enterobious vermicularis

Morphology

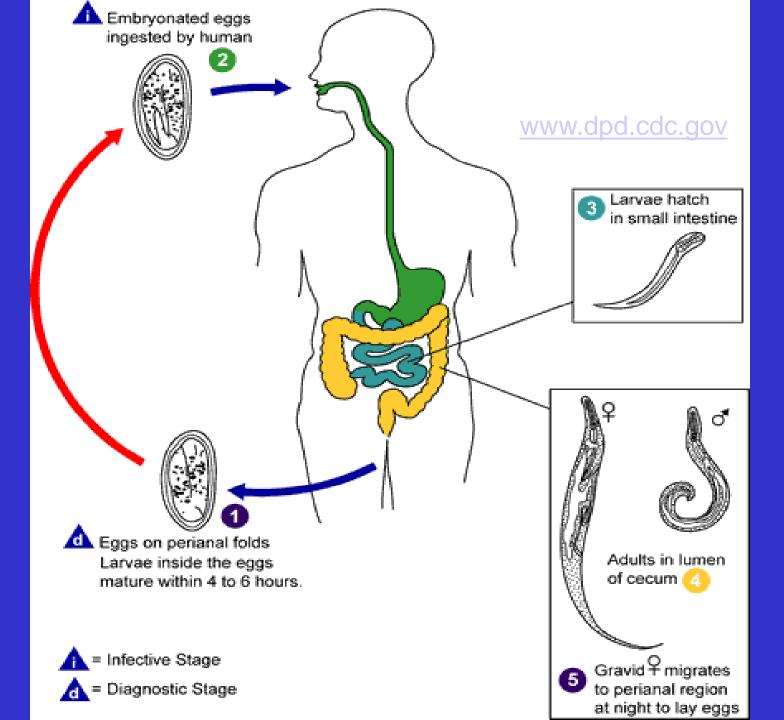
Creamy white colour

About 1 cm in length

Females larger than male worms

Male worms have curled tail





Transmission

1. Direct transmission from perianal region to hand to mouth.

auto-infection (common)

2. Contact with infective eggs on contaminated bedsheets, clothes, towels, furniture etc. (fomites)fingers → mouth (common)

- 3.Infective eggs in contaminated dust can be ingested with food. (rare)
- 4.Eggs may hatch on anal mucosa & larvae migrate backwards.

Retro-infection (rare)

- Eggs are very resistant to drying
- Remain viable for months
- Light, sticky



Clinical features

Pruritus ani :

mild → severe

nocturnal

leads to abrasions in perianal skin

- secondary bacterial infections
- → abscess formation

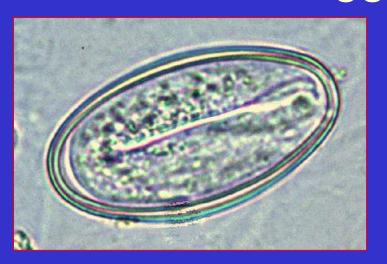
- Insomnia, irritability
- Loss of appetite, loss of weight

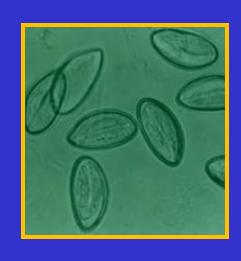
 Bed wetting in children (resultant emotional problems)

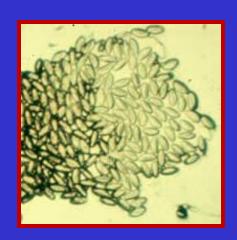
Complications in ectopic sites

Diagnosis

Look for eggs on perianal skin







perianal swabs

N.I.H. swab

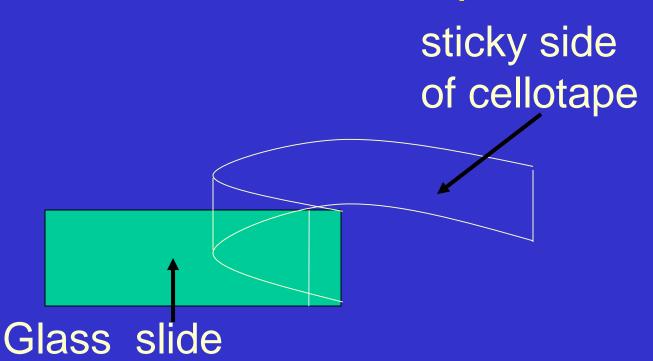
Slide & cellotape

Rarely, eggs may be seen in faeces

- Adult worms may be seen
 - -on perianal skin
 - -in rectum (during proctoscopy)
 - –On underwear / night clothes



Slide & cellotape





Time- Early morning before washing the area

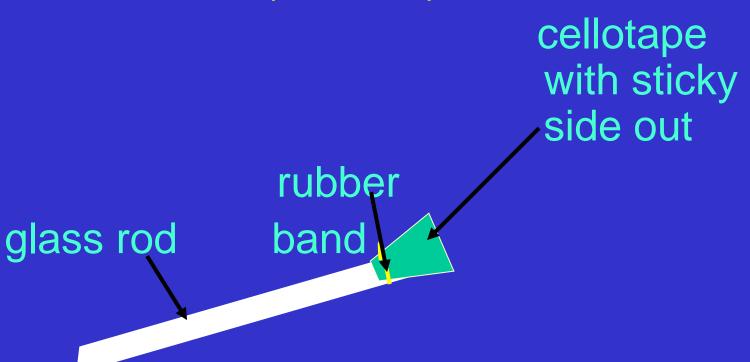
Separate the buttocks and apply the gummed surface over peri anal region.



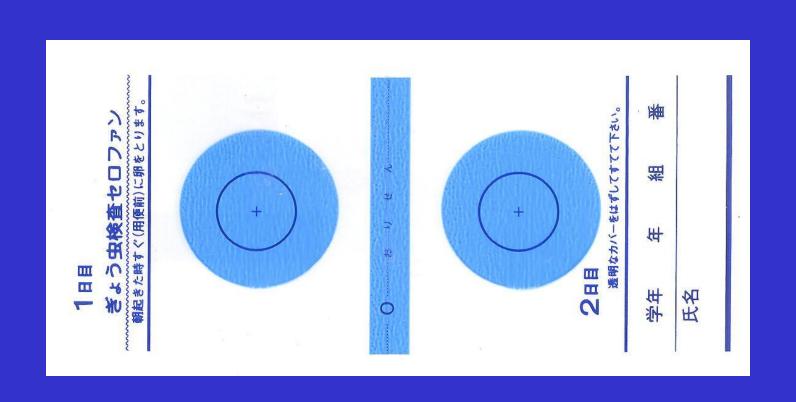
gently press the tape with cotton wool on the slide.

Then examine under microscope

National Institute of Health Swab (N.I.H.)



Commercial device



Treatment

- Any anthelmintic (mebendazole, albendazole, pyrantel)
- Repeat treatment 2-3 times, at 2-4 week intervals because of auto infection
- Treat entire household at once

Prevention & control Personal level

Good personal hygiene very important

- -nails & hands
- -underwear
- -night cloths
- -bed sheets, towels
- -bathe every morning

Wash in hot

water

Clean environment

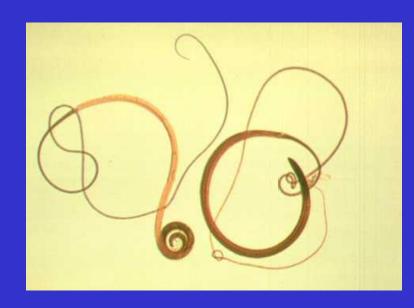
disinfect furniture & other fomites after treatment of infected persons

Community level health education

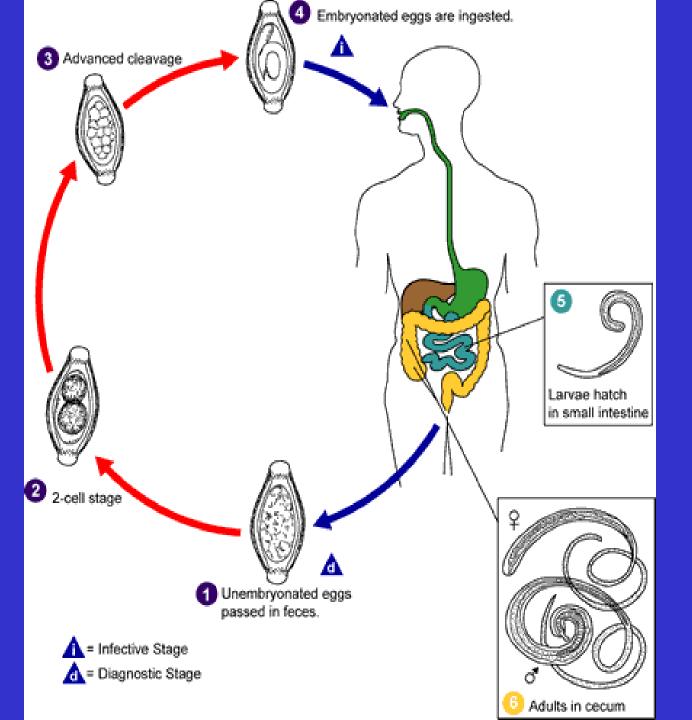
Whipworm

Scientific name: Trichuris trichiura





Adult worms: 3 – 5 cm in length



Life cycle

- Single host: only parasitizes humans
- Adult worms live in large intestine; eggs passed out in faeces; obligatory period of development in soil
- Ideal climatic conditions similar to those required for roundworm eggs
- New infections acquired by ingestion of infective eggs
- No larval migration

Clinical features

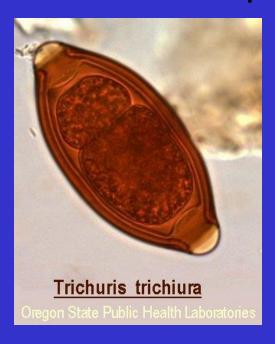
- Malnutrition and stunting of growth in children
- Impaired learning ability
- In heavy infections:
 - Dysentery
 - Rectal prolapse

EpidemiologyAs for roundworm



Diagnosis of whipworm infection

Examine faecal smears under microscope and look for eggs





Whipworm eggs

Treatment of worm infections

- Deworming medicines are very effective, safe, and cheap
- Need to be given regularly because of reinfection
 - Mebendazole
 - Albendazole

Prevention and control

- Mass deworming of children
- Improved sanitation
- Health education