

A CASE REPORT

Malabsorption Secondary to S.stercoralis Infestation

by

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INTRODUCTION

S.stercoralis infection is endemic in the tropics. *Stercoralis* infestation either produces minimal gastro-intestinal symptoms or may remain asymptomatic. Malabsorption seems to result when the parasitic load is severe. Severe parasitaemia has been observed specially in chronically ill and debilitated patients (Scowden et al 1978). *S.stercoralis* infestation causes absorptive disorder in the gastro-intestinal tract (Shaper et al 1972). The histopathological changes of the small bowel mucosa are variable and are related to the severity of the parasitic infestation (Milner et al 1965, Sheehy et al 1962 and Scowden et al 1978).

CASE REPORT

A 16 year old African female gave the history of severe diarrhoea and vomiting. She was markedly emaciated with bilateral ankle odema. The abdomen was minimally distended with vague generalised tenderness. Other systems were normal.

The investigations were Hb 10.8 G%, total leucocyte count 10,300/cmm with normal differential, E.S.R. 7mm in 1st. hour, serum total protein 4.1 G%, serum albumin 1.3 G%, serum globulin 2.8 G%. The serum alkaline phosphatase was 15.7 K.A.U., serum bilirubin 0.1 mg%, blood urea 13 mg%, serum calcium 9.0 mg%, serum phosphorus 3.0 mg% and 24 hour fecal fat 7.2 G%. The stool was negative for parasite, larvae and ovum. The chest X-ray was normal. She died one week after hospitalization.

At autopsy, the mucosa of the duodenum, jejunum and ileum was finely granular and contained rough patchy areas with multiple shallow pin-point ulcers. The lobes of the lungs were patchily consolidated. Liver showed fatty change and other organs were normal.

The microscopy of the small bowel showed severe *S.stercoralis* infection and flattening of the mucosa with ulceration, irregular crypts formation and mononuclear infiltrate in the mucosa and sub-mucosa.

The cause of death was bronchopneumonia secondary to malabsorption following severe *S.stercoralis* infection.

COMMENT

The true incidence of malabsorption as a result of *S.stercoralis* infestation in Zambia is not



known. It is likely that the incidence may be high. It is probable that *S.stercoralis* may be responsible in some of these patients.

A greater clinical awareness of this association will establish its true epidemiology and prevalence in Zambia, which may assist in reducing the mortality associated with this condition.

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