Images

Colonoscopic management of roundworm in cecum

A 25-year-old woman presented with history of colicky central abdominal pain with vomiting once 2 months ago and anorexia since. Pain recurred with different character (constant, without vomiting or distension) and location (right lower quadrant) for 3 weeks before presentation. Examination revealed mild pallor and no abdominal lump. Ultrasoundography revealed thickening of bowel loops in the right iliac fossa and a few lymph nodes there. She was on antibacterial drugs started elsewhere for a week. Colonoscopy revealed a moving roundworm in the cecum (Figs A and B) protruding into the ileum. The appendicular orifice was hyperemic and edematous. The worm was caught with a Dormia basket and pulled out (Fig C). Subsequently she was treated with anti-helminthic drugs; antibacterial drugs were withdrawn. On follow-up, her abdominal pain subsided.

Ascaris lumbricoides results in mechanical blockage due to its large size.1 Acute appendicitis due to blockage of the orifice is rare.2 Colonoscopic removal of the worm results in dramatic relief.3

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References

Intraluminal portal vein sign in Caroli's syndrome

An 8-year-old boy presented with lump in the right hypochondrium. In hospital, he had three episodes of hematemesis. Ultrasonography showed hepatomegaly with altered liver echotexture. There were multiple small, irregular tubular and cystic dilatations of the intrahepatic biliary radicles (Fig A). A few of the cysts displayed a tiny intraluminal echo that showed color flow on spectral analysis (Fig B). The spleen was moderately enlarged. There were lienorenal, gastro-epiploic and peri-gall bladder collaterals. On color Doppler the volume flow in the portal vein was reduced (147 ml/min). Both kidneys showed medullaryectasia and nephrocalcinosis (Fig C).

Caroli's disease is a multifocal ectasia of the intrahepatic biliary radicles (Todani's type 5 choledochal cyst). The presence of an echogenic vascular focus in relation to the biliary cysts ('intraluminal portal vein sign' on ultrasonography or "central dot sign" on CT scan) is considered pathognomonic for Caroli's disease. It represents a portal vein radicle indented by a cystic biliary radicle.

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