



“A Rare Case of Parasite in ICD Tube – Ascariasis Lumbricoides”

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Introduction

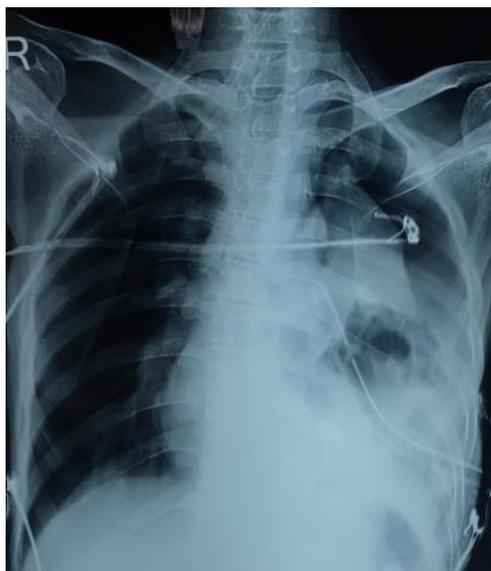
One need to be very alert to diagnose pleural diseases due to parasitic infections in any undiagnosed pleural effusion. Pleura can be involved with or without lung involvement. Amebiasis is remained common parasitic disease of pleural cavity by spread across the diaphragm from liver abscess. Hydatid cyst in lung or liver is another similar cause. Pleural paragonimiasis, pneumocystosis, Loffler’s syndrome, topical pulmonary eosinophilia, toxocariasis, anisakiasis, hypodermiasis, strongyloidiasis, schistosomiasis, penatostomids, mansonella spieces are other exmples. On radiograph or autopsy incidentally, parasite can be found. But parasite in intecostal drainage tube is very rare. We found one such case.

Case reports

37-year, male, married, laundry worker, tobacco chewer, mixed diet, admitted at ICU with chief complains of difficulty in breathing (increasing in severity) * 8-10 days, fever (initially low grade then high grade) * 2-3 months, reduced appetite * 2-3 months, weight loss * 2-3 months.

Discussion

On examination patient had tachypnea (RR 26/min), tachycardia (136/min), hypotension (86/60 mmHg), desaturation (SpO2 80% RA, 95% with 10 litre O2 support with NRBM) and reduced air entry on left side of chest. On blood investigation his WBCs were 47,000/cmm. On chest X ray PA there was left sided hydropneumothorax. So ICD inserted urgently, approximately 1500 frank pus drained. Patient clinically improved after ICD insertion. Approximately 1000 ml pus drained for next 4 days. On day 5 ICD stopped working and accidentally removed. After reinsertion of ICD some blackish material drained in tube which fixed in tube. Initially seems to be septa or blood clot. On flushing with normal saline on our surprise it was almost 30 cm long worm. On microbiologically examination it was identified as *Ascariasis Lumbricoides* female. Simultaneously heavy growth of *e.coli* and *klebsiella* found in pleural fluid culture. Patient treated with antibiotics and antihelminthic. Tuberculosis was ruled out with sputum and pleural fluid reports.



Conclusion

To find whole length parasite in ICD is very rare. Three such reported case by Dr Lone, Dr Zamora and Dr Hegarty in separate incidence. And most of the time it is an incidental finding and chronic condition.

Reference

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