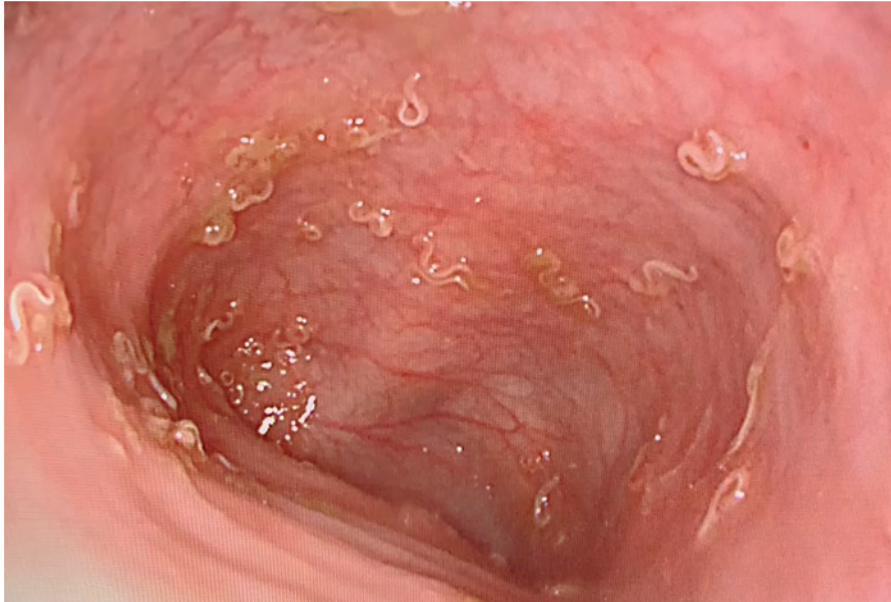


## IMAGES IN CLINICAL MEDICINE

Stephanie V. Sherman, M.D., *Editor*

## Trichuriasis



A 2-YEAR-OLD BOY FROM A RURAL VILLAGE WAS BROUGHT TO THE PEDIATRIC clinic with a 6-month history of diarrhea and poor weight gain. His body weight was 12.1 kg (below the 25th percentile for his age) and height 90 cm (1 SD below the median for his age). Physical examination was notable for dry mucous membranes and decreased skin turgor. Laboratory studies showed iron-deficiency anemia, eosinophilia, and occult blood in the stool. Tests for infectious diarrhea, including multiple stool samples examined by direct microscopy for ova and parasites, were negative. A colonoscopy revealed numerous mobile, white worms adherent to the colon wall (shown in a video). The worms, which were 3 to 4 cm in length, were identified as *Trichuris trichiura*. A diagnosis of trichuriasis — also known as human whipworm infection — was made. Trichuriasis results from the ingestion of soil contaminated by whipworm eggs. Adult worms mature in the large intestine and affix themselves there by threading into the mucosa. Trichuriasis is usually asymptomatic but may result in diarrhea and growth retardation in cases of heavy infection, especially in young children. The child's diarrhea resolved after treatment with albendazole. At a 1-month follow-up visit, he had begun to gain weight.

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