# **Images from Tropics**

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## Citation

A Sachdev, A Bhalla, R Singh, S Lehl, S D\'Cruz. *Images from Tropics*. The Internet Journal of Tropical Medicine. 2002 Volume 1 Number 1.

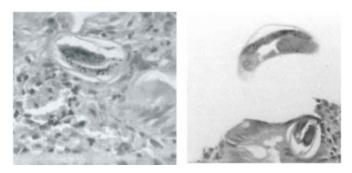
# Abstract

# **CASE REPORT**

A middle-aged male, presented with symptoms suggestive of malabsorption syndrome. Examination revealed an emaciated man with glossitis, cheilitis, angular stomatitis and significant pedal oedema. He had megaloblastic anemia, 8% eosinophils & hypoalbuminemia. Stool examination showed larvae of Strongyloides stercoralis. D-Xylose test had a value of 0.7g/5g after 5 hours of urine collection. Barium meal follow through revealed thickened duodenal and jejunal folds with irritability and decreased transit time. Endoscopic biopsy from third part of the duodenum showed the larvae of strongyloides stercoralis infiltrating the surface and crypt epithelium (Photomicrograph). HIV serology (HIV 1 & 2) by ELISA was negative. He was treated successfully with Thiabendazole 25 mg/kg/day for three days. On followup after 6 weeks, his diarrhoea had subsided and he had gained weight. Strongyloides stercoralis in an immunocompetent patient is an unusual but a potentially treatable cause of malabsorption in tropics.

# Figure 1

Photomicrograph: Strongyloides stercoralis larvae, seen in the intestinal crypt epithelium in a patient with malabsorption.



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#### References

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