

ANCYLOSTOMIASIS

PARASITOLOGY DEPARTMENT
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ANCYLOSTOMIASIS

DIAGNOSIS :

- Demonstration of hookworm eggs or worms themselves in feces is as usual the only definitive diagnosis o/t disease
- It's not possible to distinguish hookworm eggs from those of *Oeshophagostomum bifurcum*.
- It's not possible to distinguish *N. americanus* eggs from those of *Ancylostoma ssp*.

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DIAGNOSIS :

- Fecal examination for the characteristic eggs
- Clinical Symptoms
- Sputum examination
- Cultivation methods

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PREVENTION & CONTROL

- Treat all positive cases to reduce the infection rate & to prevent reinfection
- Give health education on helminth infection
- Sanitary disposal feces

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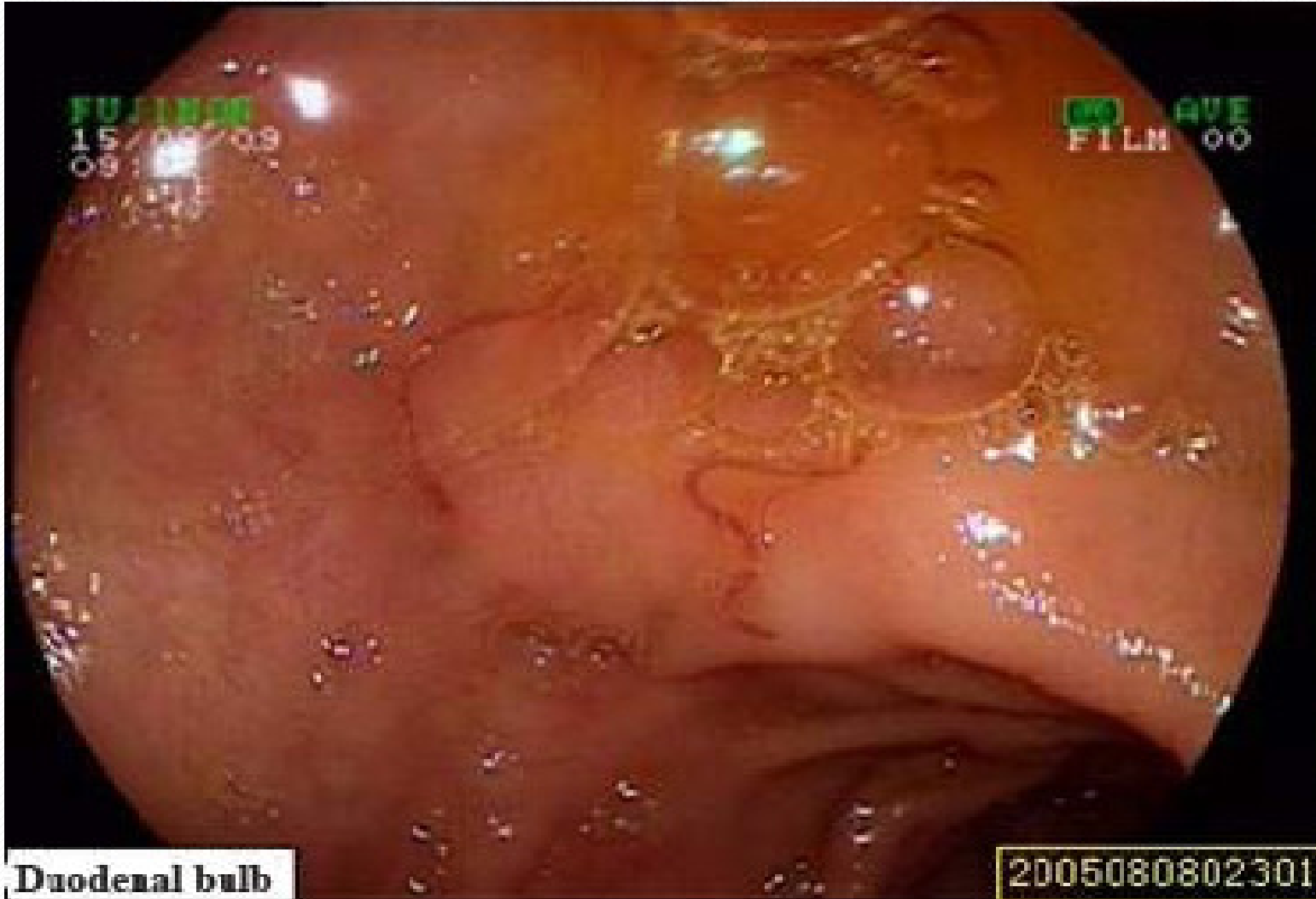
- A 74-year-old farmer was evaluated for 5 hours of hematemesis and black stools. He denied abdominal pain, or diarrhea, but admitted to take "Fenbid, Indometacin and Metronidazole" because of toothache one day ago. No abnormal past history.

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- Because of recurrent active bleeding and failure of expectant treatment, surgery was considered next step. Upper endoscopy gain before surgery found longitudinal laceration with bleeding in the region of the gastro-esophageal junction, and hook worm at the duodenal bulb.

After hemostasis treatment under endoscopy and helminthicide treatment, the patient had no further bleeding and hemoglobin value recovered gradually and then was discharged.

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REFERENCES

- Miyazaki, I. 1998. An Illustrated Book of Helminthic Zoonosis. pp.339-340. Toyo-kaiji Bldg, Tokyo.
- Schmidt, G.D. & Roberts, L.S. 2005. Foundations of Parasitology. 7th ed. pp.423-424. Mc Graw-Hill, New York.