

The Incidental Discovery of Strongyloidiasis Colitis

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The Incidental Discovery of Strongyloidiasis Colitis

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INTRODUCTION

- Strongyloides stercoralis is a soil-transmitted parasite typically confined to the GI tract.
- Marked eosinophilia is often observed and may be the only diagnostic clue as the infection can be asymptomatic.
- Hyperinfection can arise within immunocompromised hosts and is associated with significant mortality.

CASE BACKGROUND

- 67-year-old female from Puerto Rico admitted for intermittent episodes of bilateral leg weakness and ataxia.
- Denied any gastrointestinal complaints.
- Work up included basic labs, MRI of the brain, and CT scan of the chest, abdomen, and pelvis.



Figure 1. Contrast enhanced CT of abdomen and pelvis noting diffuse thickened gastric (left) and colonic walls (right) on axial and coronal views respectively.

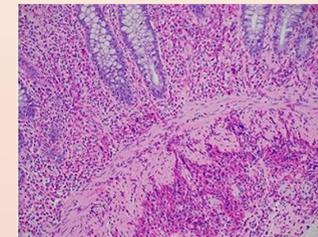


Figure 2. Colonic biopsy notable for marked tissue eosinophilia (>500 cells/hpf) with eosinophilic sheets and abscess.

RESULTS

- Labs notable for elevated eosinophil level of 40% (absolute count 3.8 thou/cmm).
- Brain MRI demonstrated right parietal leptomeningeal enhancement concerning for vasculitis vs neoplastic process.
- CT scan notable for diffuse circumferential colonic wall thickening.
- Colonoscopy revealed evidence of eosinophilia throughout colonic biopsies, often exceeding 500 cells/hpf.
- Strongyloides antibody positive
- Treated with ivermectin – eosinophilia resolved.

DISCUSSION

- Within immunocompetent patients, strongyloidiasis is often a limited disease which may remain undetected for many years.
- Can lead to disseminated infection if patient were to become immunocompromised, such as starting immunosuppressive agents for suspected vasculitis.
- Important to evaluate eosinophilia in patients from an endemic country.