

Trichuris trichiura

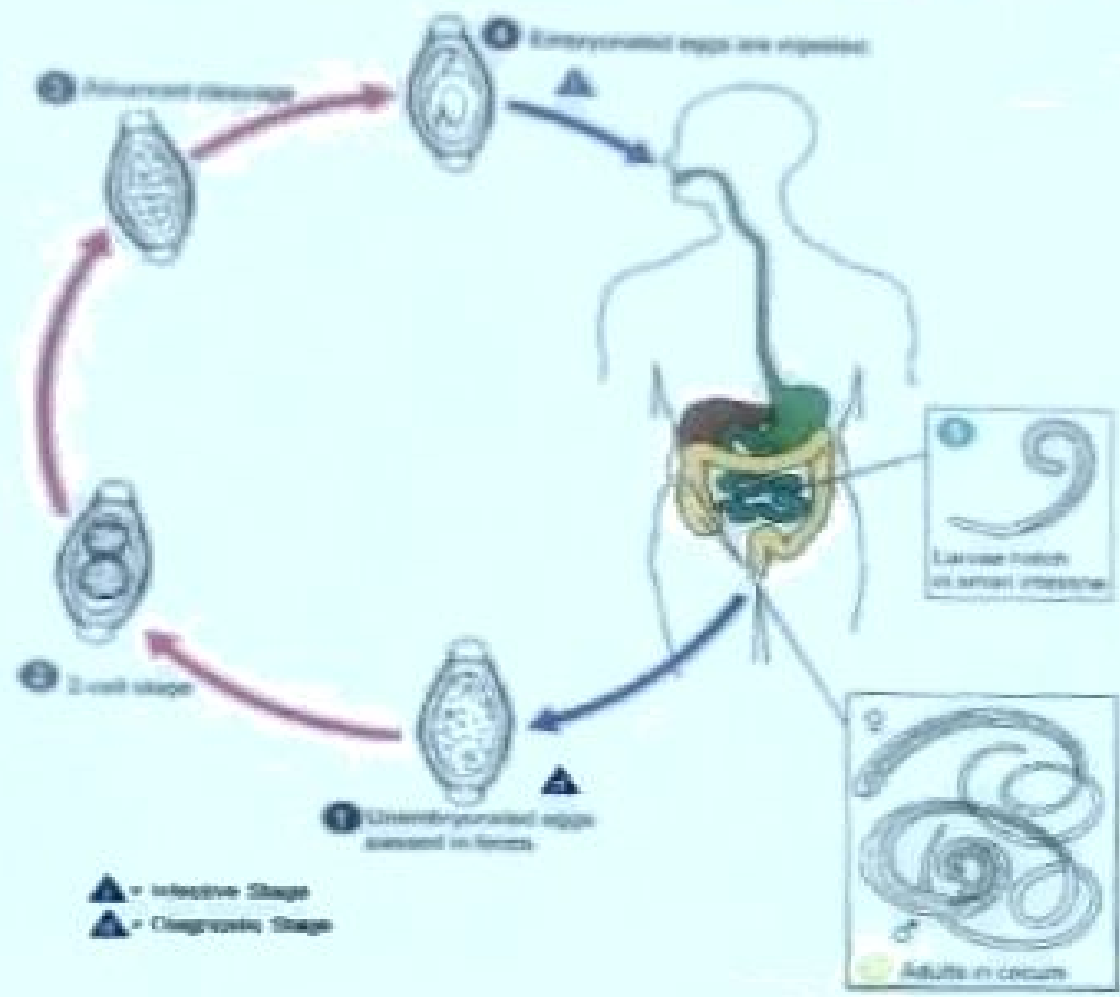
- Distribution of the worms is worldwide
- Warmth, high rainfall and humidity, dense shade and poor sanitation
- Causes human trichiuriasis
- Children are more prone than adults

Morphology

- Have a whip-like form
- Thread-like oesophageal region
- Barrel-shaped eggs
- Mucoid plugs at both ends



Life cycle



Pathology/ clinical manifestations

- Majority of the infections are mild and chronic
- Heavy infections - lesions on intestinal epithelium and submucosa
- Colitis, proctitis, dysentery (TDS) -anaemia
- Allergic immune responses - rectal prolapse, digital clubbing
- Super-infection with bacteria
- Vague, nonspecific symptoms - abdominal discomfort, constipation, vomiting, anorexia, and growth retardation
- Others are insomnia, nervousness and urticaria, pallor



Diagnosis

- Microscopy - characteristic barrel-shaped eggs in faeces
- In dysentery, colonoscopy - worms attached mucosa Mucosa is reddened and ulcerated
- On radiological examination of ileum, "honeycomb" (Crohn's disease) appearance (esp. in distal end of ileum and proximal end of colon)



Treatment

- Mebendazole
- Albendazole

Prevention and control

- Improvement of sanitation and hygiene
- Washing vegetables and fruits, adequate cooking of food
- Supervision of children's play areas is also very important