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A dracunculosis case with unusual presentation from Pakistan

Short communication

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Dracunculosis occurs in some parts of Sind and Punjab Provinces of Pakistan (Muller, 1975). Here we describe a patient with dracunculosis who had unusual clinical, radiological and histopathological manifestations.

Case report

A 20-year-old Pakistani housewife presented with a painful lump in the left hypochondrium which had developed over a period of 10 months. At first the pain had been slight, but had become more persistent and more intense. It was localized, did not radiate, and was unrelated to posture. On examination there was a hard lump in the abdominal wall of the left hypochondrium. It became more prominent during inspiration and roentgenograms revealed a circumscribed opaque shadow (Fig. 1). The lump was excised under local anaesthesia. It was sharply demarcated and dissected easily from host tissues. The patient recovered completely. Grossly, the lesion was ovoid, stony hard and had a smooth surface.

Description of the object and its contents

The object was large, ovoid mass, measuring 2.5×1.5 cm and weighing about 2 g. It was covered with a thick white capsule. It cut with difficulty requiring a great deal of force to get the knife through. The cut surface was chalky, friable and white. It was structureless. Sliced portions were decalcified and processed routinely for microscopic study. Microscopically there was an outer fibrous wall about $500 \mu\text{m}$ thick surrounding a nematode in varying degrees of degeneration (Fig. 2). The nematode cuticle was about $30 \mu\text{m}$ in width, and two prominent bands of muscles projected well into the body cavity (Fig. 3). Larvae could also be recognized within the body cavity in some sections. On the basis of these findings the nematode was identified as *Dracunculus medinensis*.

It is well known that *Dracunculus medinensis* may degenerate and become calcified in various parts of the human body, but the calcification is usually linear with a beaded or coiled configuration. The finding shows that in the differential diagnosis of calcified irregular or ovoid bodies, *Dracunculus medinensis*, should be included. In spite of degeneration and stony hard mineralizations, the diagnostic features of the worm could be recognized if the tissues are properly decalcified before staining.

Reference: Muller R.: Worms and disease. A manual of medical helminthology. William Heinemann Medical Books Limited. London 1975.

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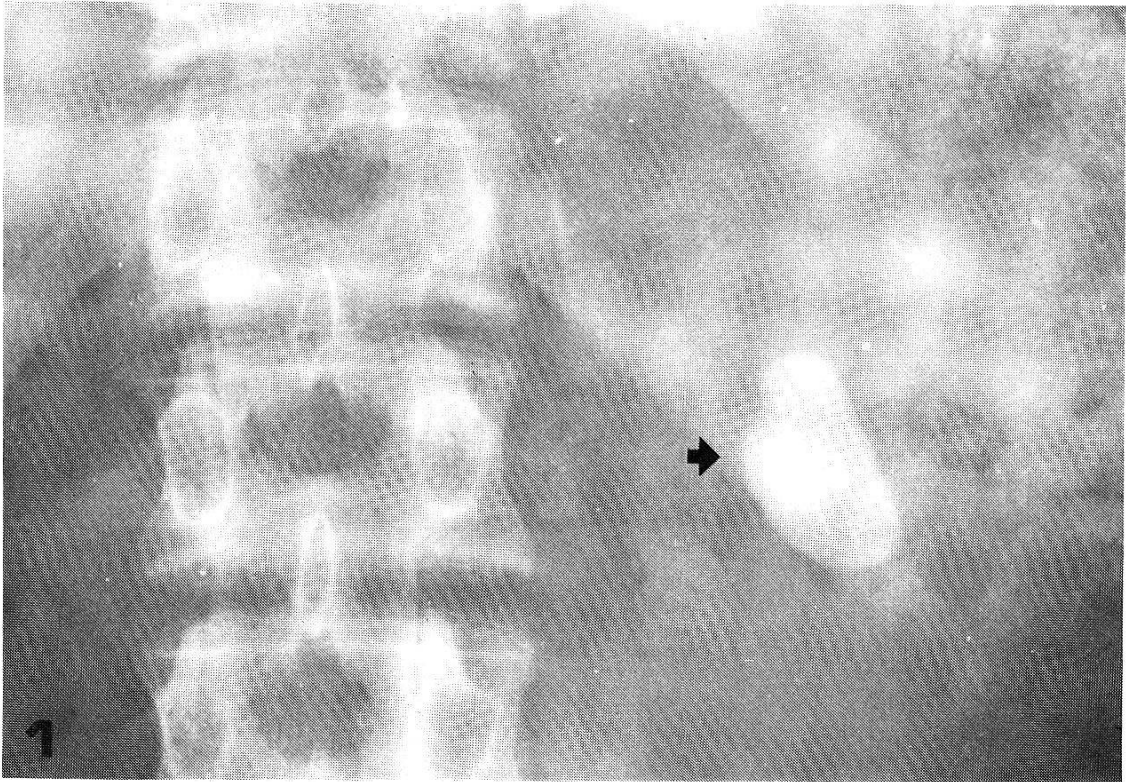


Fig. 1. X-ray of the abdomen showing the opacity (arrow).

Fig. 2. Part of the nodule showing cross section of worms. $\times 13.5$. Movat stain.

Fig. 3. Higher magnification of one of the sections showing the characteristic muscular arrangement of *Dracunculus*. $\times 54$. Movat stain.