

# Sonographic Whipworm Dance in Trichuriasis

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**T**richuriasis is an intestinal nematode infestation found in humans caused by *Trichuris trichiura*. It is more commonly known as whipworm because of its whiplike appearance. It is found worldwide but is most prevalent in warm, humid climates. Infection occurs by ingestion of embryonated eggs through contaminated drinking water and food.<sup>1</sup> *Trichuris trichiura* lives primarily in the human cecum, but it is also found in the appendix and lower ileum.<sup>1,2</sup> Light infections usually do not give rise to a recognizable clinical manifestation. Patients with very heavy chronic trichuriasis infection have a characteristic clinical picture consisting of diarrhea, abdominal pain, nausea, anemia, and weight loss. It may rarely cause rectal prolapse. *Trichuris* may attach to the mucosa of the appendix and provide an entrance for the pathogenic bacteria, resulting in acute or subacute inflammatory processes. The diagnosis of trichuriasis is by seeing the eggs of the worm in the stool of the patient. Here the motility of the whipworms in a chronically inflamed appendix on real-time sonography is reported.

The patient was a 48-year-old man who gave a history of recurrent attacks of frequent small stools and abdominal pain for the past 2 years. He was emaciated and anemic. His blood investigations confirmed anemia. He was referred for sonography to rule out intra-abdominal malignancy or tuberculosis. Sonography revealed a thick-walled nontender appendix. It was slightly distended with fluid. There was a fecalith in the lumen of the appendix (Figure 1). On real-time imaging, there was continuous wriggling movement in the lumen of appendix suggestive of the “whipworm dance” (Video 1). The same was shown on power Doppler imaging (Figure 2). This was diagnostic of trichuriasis of the appendix with a chronically inflamed appendix containing a fecalith. A stool examination confirmed trichuriasis. The patient was treated with mebendazole. He showed remarkable clinical improvement and underwent appendectomy after 3 months.

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■ Video online at [www.jultrasoundmed.org](http://www.jultrasoundmed.org)

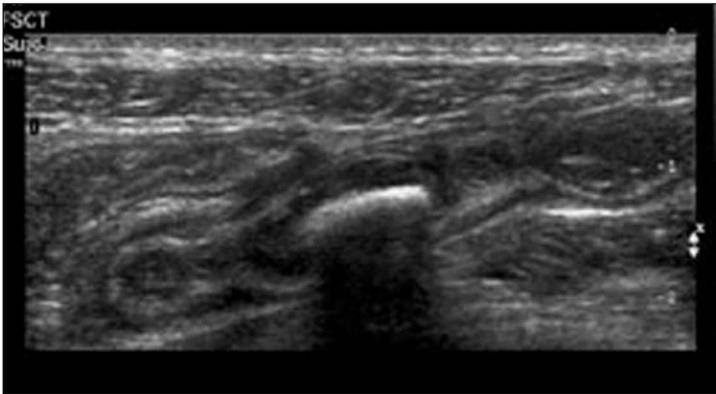


Figure 1. Thick-walled fluid-filled appendix with fecalith.

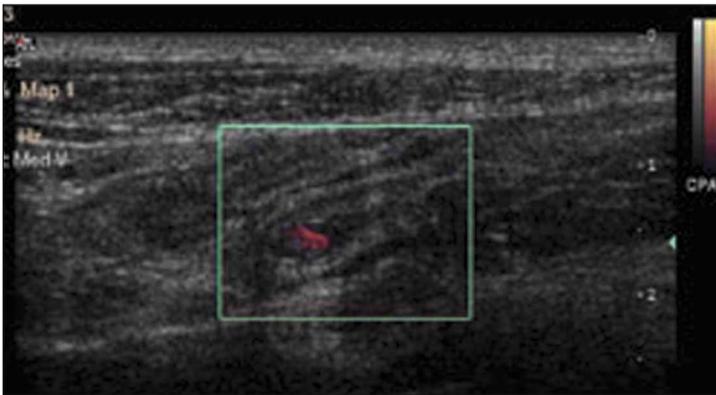


Figure 2. Power Doppler image showing the movement of the worm.

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