



## IMAGE ARTICLE

# Incidental Acute Appendicitis due to *Enterobius vermicularis*

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### Keywords

Appendix, acute inflammation, Appendectomy, *Enterobius vermicularis*

### Introduction

Simultaneous *Enterobius vermicularis* infection and appendicitis is rare. Nocturnal anal pruritus remains the most important clinical symptom of *E. vermicularis* infestation, a result of female pinworms laying eggs within the anal verge at night. Laparoscopic appendectomy is the definitive treatment for appendicitis, followed by either mebendazole or albendazole for complete pinworm eradication.

A 20-year-old man presented to the emergency department with a 4-day history of pain in the right iliac fossa. His pain was associated with fever nausea but no vomiting. Physical examination showed focal tenderness at the McBurney point. Blood test showed total leucocytes count of 15500/mm<sup>3</sup> and ultrasonography showed minimal effusion in the right iliac fossa a non-compressible and inflamed appendix. The diagnosis of acute appendicitis was made and we performed an urgent laparoscopic appendectomy. Macroscopic examination showed intraluminal and pinworms (Figure 1). Our patient recovered in 2 day, and we administered 1 dose of albendazole in hospital with a prescription for a second dose in 2 weeks.



Figure 1: Multiple worms of *Enterobius vermicularis* after opening of the resected appendix.