Unveiling Strongyloidiasis: A Mimicker of Inflammatory Bowel Disease with Unique Clinical Presentation

Dr. Gai Mounika¹, Dr. Vuppunuthala Ramkamladhar², Ch. Praneeth Kumar³, Dr. K. Ravinder Reddy⁴

¹Post Graduate, Department of General Medicine, Prathima Institute of Medical Sciences.
²Post Graduate, Department of General Medicine, Prathima Institute of Medical Sciences
³Consultant, Medical Gastroenterologist
Corresponding Author Email: praneethkumar.chandragiri1[at]gmail.com
⁴Consultant, Cardiologist, Professor and HOD Department of General Medicine, Prathima Institute of Medical Sciences

Abstract: This case report presents the clinical trajectory of a patient initially diagnosed with Inflammatory Bowel Disease (IBD), but subsequently revealed to be suffering from Strongyloidiasis, showcasing the challenges in accurate diagnosis and management. The patient exhibited symptoms such as fever, abdominal pain, bilious vomiting, and black, tarry stools, along with diffuse sensory motor demyelinating polyradiculopathy. The article discusses the diagnostic journey, highlighting the importance of differentiating between these conditions to avoid dangerous therapeutic consequences. The unique manifestations of Strongyloidiasis, its potential to mimic IBD, and the significance of definitive histological assessment are thoroughly explored.

Keywords: Strongyloidiasis, Inflammatory Bowel Disease, Clinical Mimicry, Diagnostic Challenges, Histopathology

1. Case Presentation

A 34 year male with diffuse motor and sensory demyelinating poly radiculoneuropathy steroids, presented with fever, abdominal pain, bilious vomiting and black, tarry stools since 15 days. Examination showed severe pallor, severe epigastric tenderness. His haemoglobin was 7gm%. CECT abdomen revealed circumferential wall thickening of the pylorus and D1, D2 segments with active bleed in duodenum. Upper GI Endoscopy showed multiple large deep ulcerations with nodular and oedematous mucosa with active bleeding in Stomach, D1, D2 duodenum and proximal jejunum. With Strong suspicion of Crohns disease Steroids were continued but patient condition did not improve.

Figure 1: Luminal surface of duodenum showing multiple erosions and pseudopolyps

Figure 2: Numerous strongyloides eggs and larvae (H&E, 10x)
Strongyloidiasis is essential for accurate management and better patient outcomes.

References