

內視鏡診斷鉤蟲病：兩病例報告

Endoscopic diagnosis of hookworm diseases :

Report of two cases

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摘要

鉤蟲常寄生於小腸內，故常規之上消化道內視鏡檢查不易發現鉤蟲。本院報告兩例經內視鏡診斷之鉤蟲病，其中一例同時合併有胃腺癌，且糞便中並無發現蟲卵。主要感染人類的是美洲鉤蟲及十二指腸鉤蟲。在台灣，美洲鉤蟲流行於北部及台東地區，十二指腸鉤蟲主要流行於中部及南部地區，近來之感染率已低於1%。成蟲大多寄生於空腸內，但因腸道之收縮，偶然會使蟲體返流到十二指腸及胃部。於內視鏡觀察時，鉤蟲之特徵為鮮紅色線狀之蠕動蟲體，長約10mm，一大一小雌雄蟲體常緊緊抱在一起。至今，尚無文獻報告有關胃癌與鉤蟲之關係。

Abstract

Hookworms usually reside in the small intestine, so they are rarely discovered during routine upper gastrointestinal endoscopy (UGIE). We herein report two cases of hookworm infestation diagnosed by UGIE. One of the two cases combined with gastric adenocarcinoma and no parasite ova was detected in stool examination. *Ancylostoma duodenale* and *Necator americanus* can infect humans. In Taiwan, *N. americanus* is prevalent in the north and the east, and *A. duodenale* is prevalent in the south and the central region. The infection rate in Taiwan is less than 1%. The adult hookworm resides mainly in the jejunum and may be refluxed toward the duodenum and the stomach during bowel contraction. Endoscopically, hookworms are shining red in color, about 10mm in length, and a couple of female and male worms usually hug together tightly. There is no report to suggest the relation between hookworm infestation and gastric malignancy in the literature.