

UNUSUAL CASE

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Asymptomatic intraperitoneal ascariasis: Importance of diagnostic laparoscopy

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Abstract

Migration of *Ascaris* from intestine into peritoneal cavity is rare and usually presents as acute abdomen. We report a case of 41-year-old male who was admitted for laparoscopic mesh rectopexy for rectal prolapse. During the initial laparoscopy, purulent fluid was seen in pelvis. A complete diagnostic laparoscopy was done. An omental nodule was found, which was excised and extracted in a bag. On histopathology, the omental nodule revealed gravid *Ascaris lumbricoides*.

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INTRODUCTION

Ascaris lumbricoides is the largest of the human helminthes. It is prevalent in tropical and subtropical climates, especially in children. [1] It may be asymptomatic or may present as acute abdomen following obstruction, gangrene or perforation of intestines. It may also masquerade as appendicular abscess. [2]

Migration of ascaris from the intestines into the peritoneal cavity is uncommon. This usually presents as acute abdomen or an abdominal mass. Here, we present a case, which was originally planned for an elective abdominal surgery for rectal prolapse and incidentally found to have purulent fluid in pelvis along with a nodule in omentum. Histopathological examination of the nodule revealed gravid ascariasis with surrounding inflammation.

CASE REPORT

A 41-year-old gentleman was admitted for laparoscopic mesh rectopexy for a grade 3 rectal prolapse. His preoperative laboratory investigations and ultrasound of the abdomen, done in another hospital, were normal. Patient was taken up for surgery after preoperative preparation. Pneumoperitoneum was created by Veress needle in infraumbilical region. A 12 mm port was inserted, and a 10 mm, 30 degrees telescope was introduced. Surprisingly, pelvic cavity revealed small amount of purulent fluid [Figure 1]a]. The fluid was aspirated and sent for microbiological examination. The abdominal cavity was inspected for any source of sepsis. Solid organs were found to be normal. A complete bowel examination was done, which was found to be normal. A 2 × 2 cm omental nodule [Figure 1]b) was found. It was excised with harmonic shears, extracted in a bag and was sent for