Perianal Abscess Secondary to Enterobius Vermicularis Infestation

Dear Editor,

Enterobius vermicularis is the most common helminthic infestation in the developed world.[1] It is usually seen in children aged 5 to 10 years. The most often encountered clinical presentation of *Enterobius vermicularis* infection is pruritus ani. Occasionally, it presents with enterocolitis, appendicitis and female genital tract infections.[2-4] Rarely, have infections been reported with perianal abscesses.[5]

We report a case of a 29-year-old Indian male presenting to our institution with complaints of a painful swelling over the perianal region for 3 days. He had no other symptoms of note. Examination revealed a fluctuant 2 cm swelling at the 3 o'clock position in the perianal region. He subsequently underwent incision and drainage of the perianal abscess. Intra-operatively 3 parasites were found within the abscess cavity along with pus. Microscopic identification revealed them to be *Enterobius vermicularis*. He was treated with oral albendazole and is well at follow-up.

Enterobius vermicularis is a cosmopolitan parasite and infects more than 200 million people worldwide. It has a simple life cycle with the adults living in the gastrointestinal tract, usually in the ileocaecal region. The female migrates out through the rectum to the perianal region to deposit her eggs in the night. Transmission occurs via faecal-oral spread from contact with the soiled hands of an infected person or airborne eggs dislodged from contaminated linen. Larvae then develop into adult worms over several weeks and live for about 3 months. Pruritus ani, abdominal pain, appendicitis, ileocolitis and female genital infections are common clinical presentations. Perianal abscess is more commonly reported in children. Diagnosis is made with anal swabs prior to bathing or defecation. Personal hygiene measures across the family and community must be implemented to prevent spread and control of the disease. Treatment options include mebendazole, albendazole and ivermectin.

This case was unique in both a manifestation in an atypical age group as well as an unusual presentation of *Enterobius vermicularis* infection.

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