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CASE REPORT

Intestinal Taeniasis

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Case History

A sixteen year old female presented with chronic abdominal pain and recurrent passage of worms in the stool for the past three years. She was a regular beef eater. Her physical examination, as well her routine blood investigations were unremarkable. Her stool examination showed a greyish white segment of size 2 x1.5x0.5cm, which was moving. [Table/Fig 1] Microscopic examination of her stool showed the eggs of Tape worm.



[Table/Fig 1]: Segment of Tape worm

[Table/Fig 2] From the acid fast staining of the eggs and the characteristics of the segments, the tapeworm was identified as *Taenia saginata*. She was treated with a single dose of 10 mg/kg of Praziquantel. She was

asymptomatic after 6 weeks of follow up.



[Table/Fig 2]: Bile stained eggs of *Taenia saginata* in stool (400 x magnification)

Taenia saginata which is known as the beef tapeworm is transmitted to human beings in the form of infectious larval cysts which are found in the meat of cattle, which serves as the parasite's usual intermediate host.[1]

The consumption of "measly" (cyst infected) uncooked or under cooked beef is the usual means of transmission. The infection due to *T.saginata* is common in the cattle breeding areas of the world. In the definitive human host, adult *T.saginata* tapeworms are large (10 meters in length) and can contain more than 1000 proglottids, each of which are capable of producing thousands of eggs. Symptoms are absent in most of the patients. Mild abdominal cramps and malaise may be there. The proglottids of *T.saginata* are motile and may occasionally migrate out of the anus. The patients may report about seeing moving segments in the faeces.[2] The specific

diagnosis can be established by the recovery of the parasite's proglottids.[1]

T.solium and *T.saginata* can be differentiated by checking for the characteristic scolex, the number of uterine branches, the motility of the segment outside the host and by the acid fast staining of the eggs. If only eggs are found in the stool, it is important to note that *T.saginata* eggs are indistinguishable from those of *T. solium*. With the *T. solium* tape worms, there is potential for autoinfection with cysticercosis; therefore, if any *Taenia* spp. If the eggs are detected, then treatment should be given without delay for further speciation.

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The effective oral treatment for *Taenia* spp. is oral praziquantel or niclosamide.[2]

References:

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