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Research Article

DETAILED MICROSCOPIC STUDY OF THE MORPOHOLOGY OF THE DIGESTIVE TRACT OF THE FEMALE WHIPWORM OR FEMALE TRICHURIS TRICHIURA

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ABSTRACT

Objective:To do detailed microscopic study of the morpohology of the digestive tract of the female whipworm. **Methods:** All patients who had undergone colonoscopy for a period of 5 years from November 2009 to October 2014 were examined for the presence of parasitic worms. **Results:** Out of these patients, parasitic worm was found in only one patient. But the stool examination of the patient was negative for ova or eggs. The parasitic worm found in this patient was identified as whipworm or trichuris trichiura by its characteristic whip like shape. **Conclusion:** Hence colonoscopy is a very useful investigation to diagnose whipworm infection especially when the stool examination is negative for its ova or eggs.

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INTRODUCTION

There has been reports of finding whipworm in the large intestine of human beings while doing colonoscopy in many parts of the world. (1 to 15). Usually whipworm (trichuris trichiura) infection is diagnosed by finding its ova or eggs in stool examination (1,8,12.13,15). But the patient who had whipworm in our study had negative stool examination for ova or eggs. Hence colonoscopy is a very useful investigation to diagnose whipworm infection especially when the stool examination is negative for its ova or eggs.

MATERIALS AND METHODS

This study was conducted in the department of general surgery, Aarupadai Veedu Medical College and Hospital, Puducherry. All patients who had undergone colonoscopy for a period of 5 years from November 2009 to October 2014 were examined for the presence of parasitic worms.

RESULTS

Out of these patients, parasitic worm was found in only one patient. The parasitic worm found in this patient was identified as whipworm or trichuris trichiura by its characteristic whip like shape.

DISCUSSION

Usually only the ova or eggs or rarely the larva of the adult parasitic worms are studied in detail by stool examination. A detailed microscopic study of morpohology of adult parasitic worms in the gastrointestinal tract causing disease is only possible by retreiving these adult parasitic worms while doing gastroduodenoscopy and colonoscopy. The parasitic worm found in this patient was retrieved out using biopsy forceps and immediately sent for microbiological examiniation to do detailed microscopic study of the morpohology of the parasitic worm.

- The parasitic worm found in this patient has a narrow anterior end and broader posterior end and hence gives it a "whip-like" appearance. Hence the parasitic worm found in this patient was identified as whipworm or trichuris trichiura.
- 2. The tail of the male whipworm is coiled.
- 3. The tail of the parasitic worm retrieved out using biopsy forceps is straight without any coil.

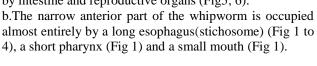
So the parasitic worm found in this patient was identified as female whipworm or female trichuris trichiura .

Detailed microscopic study of the morpohology of the digestive tract of the female whipworm or female trichuris trichiura

- a. Whipworms are relatively large (30-50mm).
 b.Whipworms have a narrow anterior end (Fig 1) and broader posterior end(Fig5, 6).
- a. At the anterior (head) end there is a mouth (Fig 1).
 b. Whipworm occur in the large intestine of human beings where they embed their anterior end beneath the mucosal surface and feed on cells in the lamina propria.

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- a. The mouth opens into the characteristic pharynx (Fig 1).
 - b. The pharynx is comprised of a nerve ring (Fig 1).
- a. The pharynx lacks stichocytes (Fig1). The pharynx continues into the esophagus (stichosome) (Fig 1).
 - b. **Stichosome** (from Greek *stichos* (= row); *soma* = body) is a multicellular organ that is very prominent in whipworm and consists of a longitudinal series of 40-200 glandular unicellular cells (stichocytes) (Fig 1 to 4) arranged in a row along the esophagus that form the posterior esophageal glands(Fig 3). Stichosome has both secretory and absorptive functions.
- a. Stichocytes are arranged along the posterior portion of the esophagus (Fig 3), in a row each of which communicates by a single pore with the lumen of the esophagus.
 - h Thev contain mitochondria, rough endoplasmic reticulum, abundant Golgi apparatuses, and usually 1 of 2 types of secretory granules, α -granules and β -granules, indicating secretory function. They open into the esophageal lumen and stichocytes apparently function as secretory glands and as a storage organ.
- a. Collectively stichocytes form the stichosome (Fig 1 to 4). b. Stichocytes - are single column of secretory cells (Fig 1 to 4).
- a. Stichocytes secrete material that aid in digestion and that modulate the host reaction to the parasite. b. The entire esophagus is referred to as the stichosome (Fig 3).
- a. The esophagus of whipworm is long and narrow. b. The esophagus (stichosome) opens into the intestine (Fig 4).
- 9. a. The intestine (Fig 4 to 6) itself is a straight tube formed of a single layer of cells.
 - b. The rectum (Fig 6) connects the terminal portion of the intestine (Fig 6) to the anus (Fig 6) in females.
- 10. a. The anus is located near the tip of the tail in females
 - b. The females deposit eggs into the intestinal lumen and so they pass out with the faeces.
- 11. a. The broad posterior part of the whipworm is occupied by intestine and reproductive organs (Fig5, 6).



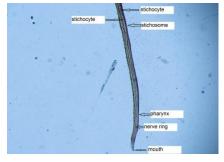


Fig. 1 showing mouth, pharynx, nerve ring and stichocytes forming the stichosome

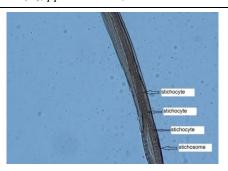


Fig. 2 Showing stichocytes forming the stichosome

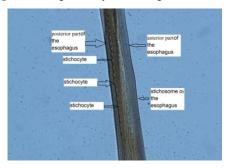


Fig. 3 Showing stichocytes forming the stichosome or the esophagus and stichocytes arranged along the posterior portion of the esophagus

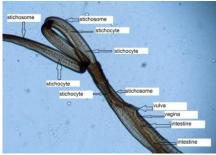


Fig. 4 Showing stichocytes forming the stichosome and the proximal portion of the intestine lying parallel to the vagina

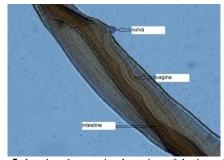


Fig. 5 showing the proximal portion of the intestine lying parallel to the vagina

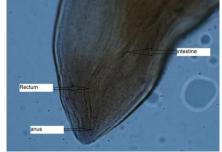


Fig. 6 showing rectum connecting the terminal portion of the intestine to the anus

CONCLUSION

- Whipworm has a narrow anterior end and broader posterior end.
- 2. At the anterior (head) end there is a mouth. The mouth opens into the pharynx.
- 3. The pharynx is comprised of nerve ring and lacks stichocytes. The pharynx continues into the esophagus (stichosome).
- 4. Stichosome is a multicellular organ that is very prominent in whipworm and consists of a longitudinal series of 40-200 glandular unicellular cells (stichocytes). Collectively stichocytes form the stichosome.
- 5. The esophagus (stichosome) opens into the intestine.
- 6. The rectum connects the the terminal portion of the intestine to the anus in females.

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References

- Joo JH, Ryu KH, Lee YH, Park CW, Cho JY, Kim YS, Lee JS, Lee MS, Hwang SG, Shim CS. Colonoscopic diagnosis of whipworm infection Hepatogastroent erology. 1998 Nov-Dec; 45(24):2105-9.
- Do KR1, Cho YS, Kim HK, Hwang BH, Shin EJ, Jeong HB, Kim SS, Chae HS, Choi MG Intestinal helminthic infections diagnosed by colonoscopy in a regional hospital during 2001-2008. Korean J Parasitol. 2010 Mar; 48(1):75-8.
- 3. Yoshida M, Kutsumi H, Ogawa M, Soga T, Nishimura K, Tomita S, Kawabata K, Kinoshita Y, Chiba T, Fujimoto S. A case of Trichuris trichiura infection diagnosed by colonoscopy. Am J Gastroenterol. 1996 Jan; 91(1):161-2.
- 4. Khuroo MS, Khuroo MS, Khuroo NS Trichuris dysentery syndrome: a common cause of chronic iron deficiency anemia in adults in an endemic area (with videos). Gastrointest Endosc. 2010 Jan; 71(1):200-4.

- Ok KS1, Kim YS, Song JH, Lee JH, Ryu SH, Lee JH, Moon JS, Whang DH, Lee HK Trichuris trichiura infection diagnosed by colonoscopy: case reports and review of literature. Korean J Parasitol. 2009 Sep; 47(3):275-80.
- Wang DD, Wang XL, Wang XL, Wang S, An CL Trichuriasis diagnosed by colonoscopy: case report and review of the literature spanning 22 years in mainland China. Int J Infect Dis. 2013 Nov; 17(11): e1073-5.
- 7. Tuan Sharif SE, Ewe Seng C, Mustaffa N, Mohd Shah NA, Mohamed Z Chronic Trichuris trichiura Infection Presenting as Ileocecal Valve Swelling Mimicking Malignancy. ISRN Gastroenterol. 2011; 2011:105178. doi: 10.5402/2011/105178. Epub 2010 Oct 31.
- 8. Chang CW, Chang WH, Shih SC, Wang TE, Lin SC, Bair MJ Accidental diagnosis of Trichuris trichiura by colonoscopy. Gastrointest Endosc. 2008 Jul;68(1):154.
- Diniz-Santos DR, Jambeiro J, Mascarenhas RR, Silva LR. Massive Trichuris trichiura infection as a cause of chronic bloody diarrhea in a child. J Trop Pediatr. 2006 Feb;52(1):66-8.
- 10. Büning J, Homann N, von Smolinski D, Borcherding F, Noack F, Stolte M, Kohl M, Lehnert H, Ludwig D Helminths as governors of inflammatory bowel disease. Gut. 2008 Aug;57(8):1182-3
- 11. Lorenzetti R1, Campo SM, Stella F, Hassan C, Zullo A, Morini S An unusual endoscopic finding: Trichuris trichiura. Case report and review of the literature. Dig Liver Dis. 2003 Nov; 35(11):811-3.
- Tokmak, N., Koc, Z., Ulusan, S., Koltas, I. S., & Bal, N. Computed tomographic findings of trichuriasis World Journal of Gastroenterology, 2006; 12(26), 4270
- 13. Lee, S. H., Kwon, J. E., & Cheong, Y. S.. Two cases of Trichuris trichiura infection diagnosed by colonoscopy. Korean Journal of Family Medicine, 2010; 31(8), 622-629.
- 14. Herman, M. A., Ukawa, K., & Sugawa, C. (). CASE REPORT: Diagnosis and Removal of Cecal Whipworm Infection. Digestive diseases and sciences, 2000; 45(8), 1639-1643
- 15. Azira, M. S., & Zeehaida, M Severe chronic iron deficiency anaemia secondary to Trichuris dysentery syndrome-a case report. Trop Biomed, 2012; 29(4), 626-631.
- 16. Bahon, J., Poirriez, J., Creusy, C., Edriss, A. N., Laget, J. P., & Dei Cas, E Colonic obstruction and perforation related to heavy Trichuris trichiura infestation. Journal of clinical pathology, 1997; 50(7), 615-616
