INTESTINAL CAPILLARIASIS FROM MAHA SARAKHAM PROVINCE, NORTHEAST THAILAND: REPORT OF A CASE

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INTRODUCTION

Capillaria philippinensis is a small intestinal nematode which may cause a fatal disease in man if misdiagnosed and not treated soon enough. In Thailand, as well as in the Philippines, freshwater fish have been demonstrated in the laboratory to serve as intermediate host of the parasite (Cross *et al.*, 1972; Bhaibulaya *et al.*, 1979) and reported cases of the disease in Thailand have been from areas where people customarily eat raw fish (Sanpakit *et al.*, 1974; Bhaibulaya *et al.*, 1977; Muangmanee *et al.*, 1977; Ratanachaiyavongs *et al.*, 1979). The present report is of an additional case from an area where the population eats raw freshwater fish.

REPORT OF A CASE

A 46 year-old Thai male farmer from Maha-Sarakham Province was admitted to the Khon Kaen Provincial Hospital with a chief complaint of intermittent diarrhoea of one to two day durations, three to four times a day for one month prior to admission. He admitted eating freshwater fish routinely.

Physical examination on admission were as follows : Body temperature 37°C, pulse 80/min., respiration 16/min., blood pressure 110/80 mm. Hg., body weight 55Kg. His skin was dry and pitting oedema was evident in both legs.

Laboratory findings : Hb 13.6 gm%, WBC 8,200 c.mm., neutrophils 46%, lymphocytes 40%, eosinophils 13%, basophils 1%, platelets adequate; Na 137 mEq/L, K 3.8 mEq/L, Cl 110 mEq/L, HCO_3 20 mEq/L, total protein 4.0 gm%, albumin 2.0 gm%, globulin 2.0 gm%, alkaline phosphatase 2.15 Sigma Unit, SGOT 74 Reitmanfrankel Unit, SGPT 18 Reitmanfrankel Unit, indirect bilirubin 0.3 mg%, direct bilirubin 0.02 mg%, cholesterol 156 mg%, B.U.N. 15 mg%, creatinine 1.6 mg%, Ca 5.8 mg%.

Stool examination: Greenish yellow in colour, foul odour and voluminous. Microscopically, large numbers of adult, larvae and eggs of *C. philippinensis* and eggs of *Opisthorchis viverrini* were found.

Mebendazole (100 mg tablet) was given orally, 200 mg twice daily, as well as other symptomatic treatment. The diarrhoea ceased and the eggs of *C. philippinensis* were not detected in the stools by the fourth and fifth day of treatment. The patient was hospitalized for seven days and on discharge was given 60 tablets of mebendazole to continue treatment at home. His body-weight increased from 55 Kg to 59 Kg, on the day of discharge.

DISCUSSION

The present case is recorded as intestinal capillariasis from a new location, i.e. Maha Sarakham. The chief complaint which brought the patient to hospital, as well as other clinical manifestations were similar to those previously reported in Thailand (Sunpakit

et al., 1974; Bhaibulaya *et al.*, 1977; Muangmanee *et al.*, 1977; Ratanachaiyavongs *et al.*, 1977). Blood chemistry showed slightly low total protein, albumin and globulin which suggests a protein-losing enteropathy commonly seen in this disease and reported by others (Dauz *et al.*, 1967; Singson, 1969). The present case showed normal serum electrolytes and cholesterol which were in accordance with a case of 20 day duration of illness previously reported (Sanpakit *et al.*, 1974). However, in the other cases when the duration of illness ranged from 4 months to one year, in addition to low total protein, low level of serum electrolytes were reported (Bhaibulaya *et al.*, 1977; Muangmanee *et al.*, 1977;Ratanachaiyavongs *et al.*, 1979). These findings suggest that in intestinal capillariasis, protein-losing enteropathy is an early manifestation.

SUMMARY

Intestinal capillariasis cases in Thailand were reported from the areas where people customarily ate raw freshwater fish. The present case came from Maha-Sarakham Province, Northeast of Thailand with the chief complaint of diarrhoea for one month. Eggs, larvae and adult *Capillaria philippinensis* were found in the faeces. The authors observed that protein-losing enteropathy was an early manifestation of this disease.

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