Case Report

Banana fibers camouflaging as a gut worm in a 6-month-old infant

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1. INTRODUCTION

Worm infestation issue is a common health condition observed mostly in Asian countries. Almost 7% of the Indian population is found to be manifested by the hookworms \cite{1}. The occurrence of live worm is higher in children under the age of 4 years as compared to an infant. Moreover, the prevalence of worms in children is higher due to the habit of playing in mud or outdoors which is not found in the case of an infant. Very rarely worm infestation is observed in infants. There is a need for an investigation to be carried out for live worms in the stool. Sometimes the change in the diet of the infant, irregular bowel movements, and worm-like things in stool makes an alarming situation. We report the original case of a 6-month-old infant camouflaging for worm infestation due to the presence of the thread-like parasite in stool. The routine stool and chemical analysis of black thread thing from stool revealed solid diet fibers of banana and not any parasitic infection.

2. CASE REPORT

A 6-month-old infant with no pathological medical history was observed with frequent diarrhea like condition and
suspected parasite (black long thread-like thing) in the stool (Figures 1 and 2). Before the health issue, history says that the baby was introduced with a solid diet which included the fruit like a banana. Screening for worms in the stool was negative. The infant was otherwise asymptomatic for other medical conditions, and the results of physical examination were normal. This case was unique as no parasites were found. Further, the thread-like substances from infant stool were examined under a microscope and compared with a sample taken from a banana. Based on the diet history, Schultze reagent (oxidizing mixture consisting of a saturated aqueous solution of potassium chlorate KClO3 and varying amounts of concentrated nitric acid HNO3) was used to analyses the presence of banana fibers and was found positive. No recurrence of black threads (Figure 2) has been noted after the change of diet from banana to another solid diet along with breast milk.

3. DISCUSSION

The appearance of the banana fibers in the stool mimicking parasite appears surprisingly without knowing the infant diet history. Banana contains cellulose as a major fiber type [11]. This case study deletes the misconception of having intestinal parasites at first sight by the appearance of thread-like parasites in the stool. Ultimately in the infant, the mature worm is found attached to the gut wall and thus during their life cycle are rarely observed in the stool; diagnosis depends on finding and microscopic identifying of worm eggs in the stool. This makes a proper diagnosis of worms [1]. Similarly, the roundworm, *A lumbricoides*, is asymptotically observed in the stool late as the worm. On the contrary, the tapeworm is also a sizable intestinal parasite that is usually observed asymptomatic, results in gastrointestinal symptoms. Mostly, roundworms and tapeworms are observed as mung bean sprouts which is confirmed by further diagnosis during stool investigational studies [12].

During investigating stool contents, the negative result for parasitic infections and the appearance of the thread-like structural suspect are evaluated by a careful history of the infant’s diet. The history of consumption of banana diet fiber was first time evaluated by chemical analysis using Schultze reagent. Various cases were reported for black fibers by consumption of food by infant and were found negative for parasite infestation without proper conclusions. We proved by chemical analysis that banana fibers remain undigested fibers resembling a worm-like structure. Thus, infant history helps to solve many health issues during the diagnosis of gastrointestinal disorders.

4. CONCLUSIONS

As rare as it is, the worm infestation is observed in infants but most of the time the history of infant diet reveals the clinical conditions. The fruits like banana contain the fibers that are not digested and observed as black threads resembling the parasite sometimes in infants.
5. REFERENCES


