Clinical Image

Surprising Visitor at Emergency Operating Table: *Taenia Saginata*

Şakru et al. *Taenia saginata*

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Only kings, presidents, editors, and people with tapeworms have the right to use the editorial "we". Mark Twain (1).

A 53-year- old female patient with a history of in-vehicle injury, applied to the emergency department of Trakya University Hospital. At initial examination, her arterial blood pressure was 90/60 mmHg, pulse 104 /min. and respiratory rate 22 /min. There was diffuse tenderness in the abdominal examination but no defensive and rebound findings. No specific value was determined in laboratory parameters. Abdominal ultrasonography showed intraperitoneal free fluid and the computed tomography showed intraperitoneal active hemorrhage, hematoma in the mesenteric area. The symptoms of peritoneal irritation in the upper quadrant of the abdomen and imaging studies suggested a surgically acute abdomen. Urgent exploration by laparotomy was performed. Multiple injuries and bleeding foci were detected in the small intestine meso during surgical exploration. The circulation was observed to be disrupted and there was no peristalsis in the small intestine segment of about 80 cm at a distance of 180 cm from the ligament of Treitz. Segmental small bowel resection was performed. During anastomosis, a tapeworm was observed moving from the intestine into the abdominal cavity. The tapeworm which was almost 4 meters long and encountered by chance, was carefully removed from the abdominal area and sent to the laboratory (figure;1). After a laboratory examination, we confirmed that it was a *Taenia saginata* (*T. saginata*). It was motile and scolex had four suckers but lacked the rostellum and rostellar hooks (figure;2). The number of proglottids was nearly 1000, the premature proglottids were wider than they were long. It has survived in the laboratory for a week. Live images were obtained during this time (video). No drugs were given to the patient for the parasite.

Taenia saginata is distributed worldwide including Turkey. Infection is due to nutrition habits such as eating raw or undercooked beef as in our case. The cases with *T. saginata* are usually asymptomatic. The scolex of *T. saginata* has four suckers without hooklets, but the scolex of *T. solium* is armed with hooklets (1,2). In literature, imaging methods including conventional endoscopy, colonoscopy or capsule endoscopy have shown in vivo imaging of tapeworms in few cases but It is difficult to remove the scolex of tapeworms despite administration of oral gastrografin or praziquantel (3,4).

In this case; we removed completely the living *T. saginata* with scolex at the operating table and the scolex and premature proglottids of live *T. saginata* were observed by microscopy in detail.

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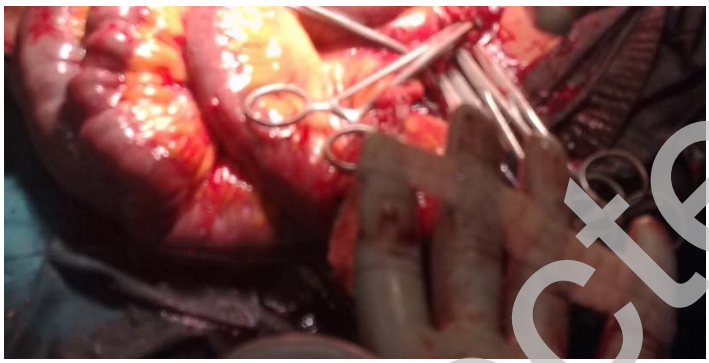

FIG. 1. The parasite (on the fingers), which carefully was taken off from the abdomen during surgery.

FIG. 2. The scolex of *Taenia saginata* is nearly 1,4 mm (X40).

Video: When viewed with a microscope; scolex and premature proglottids of living *Taenia saginata*