
A case of *Hymenolepis diminuta* (rat tape worm) infestation in a child

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A five-year old boy presented with fever, watery stools and a febrile convulsion on day one of the illness. He has had on and off abdominal pain for 5 months. No urinary symptoms nor blood stained stools noted. He has had a febrile convulsion at 9 months. Growth and development were appropriate for the age. The immunisation was up to date. Examination was unremarkable. Microscopic examination of faeces showed 10-12 pus cells and 15-16 red cells per high power field and eggs of *Hymenolepis diminuta* (Figure 1). Stool culture did not yield any significant pathological organism. Stool virology could not be performed. Child was treated with praziquantel 10 mg/kg as a single dose. A microenema was administered 2 hours later and a 24 hour stool collection was done to check the excretion of the worms which yielded

numerous worm segments (Figure 2). A repeat stool examination was done one month later which did not show evidence of *H. diminuta* infestation.

The natural reservoir and definitive host of *H. diminuta* are rodents. Coprophilic arthropods such as flea and beetle species act as intermediate hosts [1]. Humans act as definitive hosts only when they ingest cysticercoid larvae infected arthropods with food and fomites. This is the reason why *H. diminuta* infestation is uncommon in humans [1]. Only a limited number of cases have been reported globally [1]. *H. diminuta* is known to cause abdominal pain and loose stools in children [3]. *H. diminuta* infestation has not been reported to cause seizures before. Praziquantel and niclosamide can be used for treatment of *H. diminuta* infestations.

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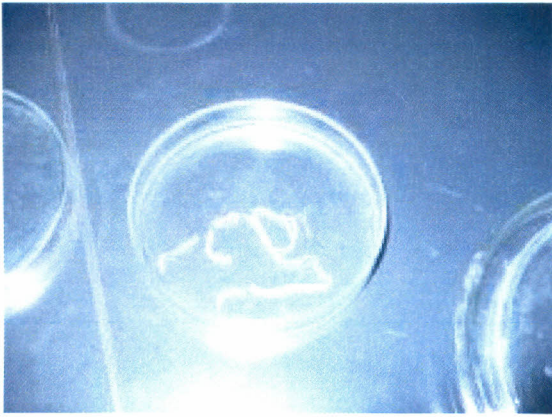


Figure 1.

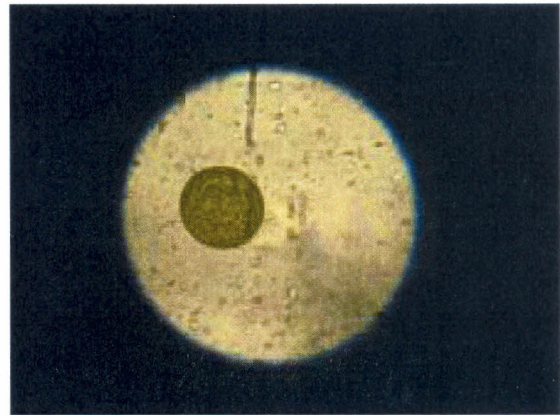


Figure 2.

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