

Intestinal Nematodes

Feature	<i>Ascaris lumbricoides</i> (roundworm)	<i>Necator americanus</i> , <i>Ancylostoma duodenale</i> (hookworm)	<i>Strongyloides stercoralis</i>	<i>Trichuris trichuria</i> (whipworm)	<i>Enterobius vermicularis</i> (pin worm)
Global prevalence (in millions)	1273	1277	50	902	300
Endemic areas	Worldwide	hot, humid regions	hot, humid regions	worldwide	worldwide
Infective stage	Egg	filariform larva	filariform larva	egg	egg
Route of infection	Oral	percutaneous	percutaneous/ autoinfection	oral	oral
GIT location of worms	Jejunal lumen	jejunal mucosa	small bowel mucosa	caecum, colonic mucosa	caecum, appendix
Adult worm size	15-40cm	7-12mm	2mm	30-50mm	8-13mm
Pulmonary passage of larva	Yes	Yes	Yes	no	no
Incubation period (d)	60-75	40-100	17-28	70-90	35-45
Longevity	1 year	2-5y/6-8y respect.	decades	5y	2 months
Eggs/day/worm	240 000	4000-10000/10000-25000 respect.	5000-10000	3000-7000	2000
Principal symptoms	rarely GI/biliary obstruction	iron-deficiency anaemia	GIT symptoms; malabsorption/sepsis	GIT symptoms, anaemia	perianal pruritis
Diagnostic stage	eggs in stool	eggs in fresh stool, larvae in old stool	Larvae in stool/duodenal aspirate/sputum in hyperinfection	Eggs in stool	eggs from perianal skin on cellulose tape

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Treatment	mebendazole, albendazole, pyrantel pamoate	mebendazole, pyrantel pamoate, albendazole	Ivermectin, albendazole, thiabendazole	mebendazole, albendazole	mebendazole, pyrantel pamoate, albendazole



Ascaris lumbricoides

