**Ascaris lumbricoides :**

**Habitant *: small intestine of man***

**Mode of infection *: ingestion of fresh vegtables or water containing ova***

***( become infective 3 weeks after deposition )***

**Clinical picture *:***

***Spasmodic cough + high eosinophilia ( due to larval migration through the lungs .***

***Intestinal colic , diarrhea , dyspesia , change in appetite***

***Heavy infection may cause intestinal obstruction***

***Epileptic attacks may occur in children caused by toxins or ectopic***

***ascariasis .***

**Ectopic ascariasis :**

***Wandering adult worm which may be extensive and possibly pass to :***

***Back to stomach and vomited .***

***Large intestine and expelled from the anus***

***Oesophagus , larynx or trachea ---- asphyxia***

***CBD ----obstructive jaundice***

***CPD---- Acute pancreatitis***

**Diagnosis *:***

***stool examination ova or adult worm***

***x- ray abdomen : worm in gas- filled loops of obstructed bowel***

***Endoscopy : upper GIT --- worms in second part of duodenum***

***ERCP ----- worms protruding from CBD in cases of obstructive jaundice .***

**Treatment :**

***Mebendazola***

***Levamisole***

***Combantrin .***