



## Pathology Page

**Disseminated Strongyloidiasis*****Yung-Hsiang Hsu\*****Department of Pathology, Buddhist Tzu Chi General Hospital, Hualien, Taiwan*

A 25-year-old woman had been admitted three times for bronchiectasis. She was sent to our hospital due to dyspnea for 3 days in June 1994. She had a history of asthma and had been taking steroids continuously in recent years. She died of adult respiratory distress syndrome in August 1994. At autopsy, diffuse pulmonary hemorrhage with numerous filariform larvae of *Strongyloides* (Fig. 1) was found in all lobes of the lung.



**Fig. 1 — Histopathology shows a filariform larva (arrows) of *Strongyloides stercoralis* on a background of diffuse pulmonary hemorrhage (hematoxylin & eosin, 400 $\times$ ).**

Strongyloidiasis refers to a small intestinal infection with the nematode *Strongyloides stercoralis*. Infection is most frequent in areas with warm moist climates and poor sanitation. Parasitic females live within the mucosa of the small intestine, where they lay eggs that hatch quickly and release rhabditiform larvae. The larvae are passed out in the feces, and in the soil they become filariform, the infective stage that penetrates human skin. On entering the skin, *S. stercoralis* larvae pass into the bloodstream, the lungs and then the small intestine. *S. stercoralis* may reproduce within the human host by autoinfection. Although most cases of strongyloidiasis are asymptomatic, the infection can progress to lethal disseminated disease in immunocompromised persons, particularly those who are on corticosteroids. If untreated, disseminated strongyloidiasis is fatal. (Tzu Chi Med J 2008;20(1):76)

**References**

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