

## When the Feeding Tube Becomes the Fishing Rod

Hernando Marulanda Fernandez<sup>1,2,3</sup> and William Otero Regino<sup>1\*,2</sup>

<sup>1</sup>Gastroenterologist, National University of Colombia, Bogota, Colombia

<sup>2</sup>Gastroenterology Center, Bogota, Colombia

<sup>3</sup>Gastroenterologist, Santa Clara Hospital, Bogota, Colombia

**\*Corresponding author:**

William Otero-Regino,  
Gastroenterologist, National University of  
Colombia, Bogota, Colombia and Gastroenterology  
Center, Bogota, Colombia

Received: 19 Feb 2025

Accepted: 02 Mar 2025

Published: 07 Mar 2025

J Short Name: ACMCR

**Copyright:**

©2025 William Otero-Regino. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially

**Citation:**

William Otero-Regino, When the Feeding Tube Becomes the Fishing Rod. Ann Clin Med Case Rep® 2025; V14(11): 1-2

### 1. Abstract

A 62-year-old male presented to the Emergency Department with bilateral lower limb edema and dyspnea persisting for 4 days, accompanied by a 2-month history of melena. The emergency physicians made a provisional diagnosis of heart failure secondary to anemia. Upon admission to the Intensive Care Unit (ICU), the patient's condition necessitated vasopressor support. To address severe anemia, he received packed red blood cell transfusions. An upper gastrointestinal endoscopy was scheduled to investigate the etiology of the anemia. Prior to the endoscopy, during orogastric tube removal, medical staff were astonished to discover an *Ascaris* parasite entwined around its distal end, evoking the image of a fishing rod (Figure A-B). The subsequent endoscopy revealed multiple worms in the second portion of the duodenum (Figure C). Antiparasitic therapy was promptly initiated. Remarkably, within 48 hours, the patient's clinical status improved dramatically. Hemodynamic support was successfully discontinued, and the patient was transferred out of the ICU. The case demonstrates an atypical presentation of *Ascaris* infection, manifesting as heart failure and severe anemia. This highlights the importance of considering parasitic infections in differential diagnoses, even in non-endemic areas.



**Figure A:** *Ascaris* coiled around its distal end, "mimicking a fishing rod."



**Figure B:** Ascaris entangled in the orogastric tube.



**Figure B:** multiple worms in the second part of the duodenum.