

# AN UNUSUAL PRESENTATION OF LEECH LEADING TO SEVERE HEMATEMESIS IN AN INFANT

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## ABSTRACT

A nine month old infant was taken to a rural medical center due to hematemesis and melena. The bleeding persisted in spite of active management with gastric lavage, intravenous cimetidine, antacid therapy and blood transfusion for four days' duration. The patient was referred to our center for further evaluation and management. On arrival he was pale and ill looking with active bleeding from the mouth. Physical examination was negative except for the presence of a leech attached to the posterior pharyngeal wall. The bleeding stopped soon after the removal of the leech and the patient was discharged from the hospital in good condition shortly thereafter.

**Keywords:** hematemesis, infant, infestation, leech.

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## INTRODUCTION

Upper gastrointestinal bleeding is an infrequent cause for referral of children to medical centers. Primary acid-peptic diseases are not common causes of upper gastrointestinal bleeding in children, whereas secondary types caused by drugs, mainly ASA, or systemic disorders and esophageal varices due to portal hypertension are more common in this age group. Foreign body ingestion, ingestion of corrosive materials and Mallory-Weiss syndrome are also unusual causes of acute upper gastrointestinal bleeding in children. In areas where the water is infested with leech, ingestion and attachment of this parasite to the nasopharynx or upper esophagus causes continuous bleeding which may be life threatening if not diagnosed and managed properly.

### Case presentation

A nine month old infant was referred to our center because of persistent hematemesis of four days' duration in spite of routine management. The patient had been completely well since birth and was on breast milk. On arrival to the hospital his examination was negative except for pallor and bleeding from the mouth. While inspecting

the oropharynx we noticed a leech attached to the posterior pharynx and blood was oozing from the surrounding area. The leech was removed and bleeding stopped shortly thereafter. An upper endoscopy, which was performed a few hours later, did not reveal any abnormalities.

## DISCUSSION

Children are occasionally referred to medical centers because of blood expectoration from the mouth. Common causes of acute upper gastrointestinal bleeding in children include drug ingestion, systemic disorders and esophageal varices. Ingestion of foreign bodies or corrosive materials and Mallory-Weiss syndrome may also cause upper gastrointestinal bleeding.<sup>1-5</sup> Bleeding from the nasopharynx, gums and respiratory tract can mimic bleeding from the upper gastrointestinal tract. Recommended measures for management of upper gastrointestinal bleeding in children include gastric lavage, antacids and H<sub>2</sub> blockers.<sup>1-5</sup> When bleeding continues despite proper management, one should also consider the possibility of unusual causes such as foreign body or corrosive substance ingestion, leech

infestation, and bleeding from the nasopharynx or respiratory tract. In rural areas of the developing world where sanitation is poor, people drink water from lakes, springs and streams, which may be infested with leech. Attachment of this parasite to the skin or its entrance into natural orifices of the body may accompany bathing in contaminated areas.<sup>6-10</sup> The common mode of presentation in leech endoparasitism is by nasal infestation and recurrent unexplained epistaxis.<sup>6-8</sup> Unusual cases with hematemesis, vaginal bleeding and respiratory tract obstruction due to leech infestation have been reported. El Awad and Patil from Saudi Arabia reported a case with severe hematemesis and melena caused by leech infestation.<sup>6</sup> Parasad from India reported vaginal bleeding in an unmarried girl due to leech.<sup>9</sup> Singh presented a three year old boy from Kabul with respiratory obstruction and hematemesis due to leech.<sup>10</sup> Therefore in contaminated areas leech infestation should be considered in the differential diagnosis of bleeding from the mouth, nose, rectum or vagina. A simple oropharyngeal examination was ignored in this case despite prolonged bleeding because leech infestation is highly unexpected in this age group. When the mother was interrogated she admitted that the baby was bathed in the village stream which is infested with leech the morning before the bleeding started. The baby had probably ingested the leech while playing on the shore. With regard to the literature this patient is the youngest case who has been presented with hematemesis and melena due to leech infestation up to now.

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