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"When the Worm Crawls North: A Rare Tale of Nerve and Gut"

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Background:

- Strongyloides stercoralis is a soil-transmitted helminth 4
- Neurological complications, particularly myeloneuropathy, are rare
- Usually associated with disseminated disease in immunocompromised individuals

Case description:

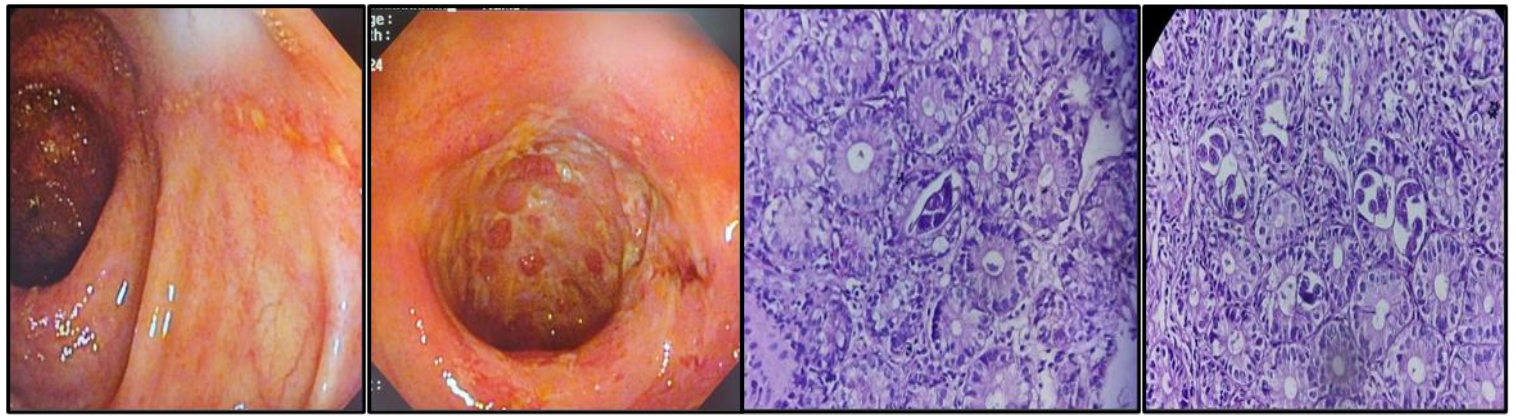
- A 36-year-old previously healthy male presented with progressive bilateral lower limb weakness over two months. There were no sensory, cranial nerve, or autonomic symptoms
- Neurological examination revealed bilateral lower limb hypotonia, hyporeflexia, wasting, and pyramidal signs with a Medical Research Council (MRC) sum score of 42/60.
- NCS showed motor axonopathy.
- CSF revealed lymphocytic pleocytosis and elevated protein.
- MRI of the dorsolumbar spine was normal.
- Colonoscopy showed deep ulcers; biopsies revealed nonspecific colitis.
- Duodenal biopsy and stool examination identified Strongyloides larvae.
- Serology for Strongyloides (IgG/IgM) was positive.
- Routine labs showed hypoalbuminemia, mildly low copper, and raised inflammatory markers.

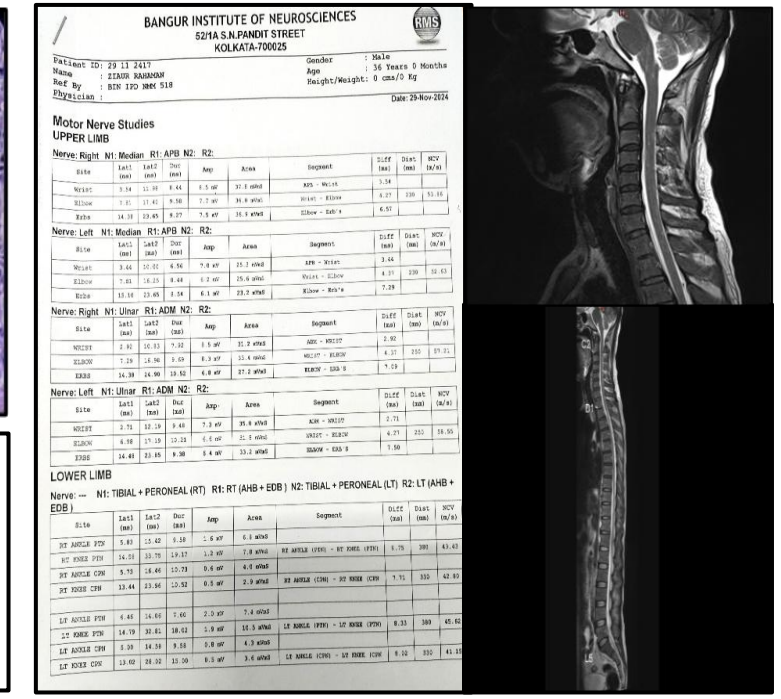
Diagnosis:

- Myeloneuropathy due to Strongyloidosis

Treatment and follow up:

- Ivermectin was administered at 200 mcg/kg/day for 14 days
- On follow-up, the patient had full neurological recovery (MRC 60/60) with normalized CSF parameters.





- **Colonoscopy** revealed multiple large deep ulcers of varying size (1.5 cm to 2cm) seen in the rectum, sigmoid colon up to caecum. Ulcer base covered with white exudates. Margins are irregular. Few clean based superficial ulcers of varying (5 to 6 mm) sized noted. Surrounding mucosa was oedematous and erythematous with patchy loss of vascularity noted
- **D2 biopsy (HPE)** showed larva of Strongyloides

Discussion:

This case demonstrates an unusual manifestation of strongyloidiasis as myeloneuropathy in an immunocompetent host. The pathophysiology may involve immune-mediated mechanisms or toxin-mediated neuronal injury, given the rarity of larvae detection in CSF.

Conclusion:

Strongyloidiasis should be considered in the differential diagnosis of unexplained myeloneuropathy, even in immunocompetent patients. Early diagnosis and treatment are crucial to prevent irreversible neurological damage.