

extraction of the worm. He had no history of travelling outside Kerala. Hence, it was assumed to be an endogenous case of dracunculiasis.

DISCUSSION

GWD is a parasitic infection of human beings.^{1,5,6} The causative agent *Dracunculus medinensis* is a long, thread-like worm.² The male worm measures 12–29 mm long and 0.4 mm wide whereas the female worm measures 50–120 cm long and 1–2 mm wide.⁵ The worm enters humans through drinking water contaminated with parasite-infected cyclops.² Once in the human body, the larvae are released in the stomach and migrate into the wall of the abdomen and thorax in 15 days across the peritoneal cavity where they molt twice to become sexually mature. After mating, the males remain in the tissues and become encapsulated and die in few months. The females move down the muscle plane and by 10 months grow in length with the uterus being filled with larvae. They emerge about one year after infection from the feet and lower legs. If the affected portion of the body is cooled by immersion in water, the first stage larvae are expelled in large numbers from the ruptured uterus which is engulfed by the cyclops where further development occurs.⁵ From the time infection occurs, it takes 10–14 months to complete the transmission cycle and for the mature worm to emerge from the body.² The clinical features may include slight fever, itchy rash, nausea, vomiting, diarrhoea and dizziness. The blister forms most commonly on the lower extremities, enlarges and causes severe pain and burning sensation. Cellulitis, abscess, septic shock and septic arthritis are complications of the acute stage, while calcification of the worm and joint deformities can occur in late stages.¹ Radiological diagnosis is possible by the detection of long, characteristic, linear, coiled, 'chain mail' type of calcification present in the soft tissues.¹ Treatment is winding the worms out on a stick a few centimetres a day, combined with a clean dressing and antibiotic ointment to prevent secondary bacterial infection.⁵

A non-specific granulomatous cervical lymphadenitis and a non-specific liver granuloma had developed after 3 years in our

patient. This could be due to the foreign body reaction to the degenerating male worms. It has been observed that in parasitic infections, granuloma can be formed as a result of a non-degradable product of the parasites or due to hypersensitivity responses.⁷

Conclusion

Although GWD is considered as eradicated, occasional cases may occur. Physicians should be aware of this disease, especially in patients with diabetes in areas where dracunculiasis was once prevalent. They should have a high index of suspicion for early diagnosis and treatment of the infection. This report points to the possibility of re-emergence of this parasitic infection. The detection of guinea worm from Kerala, in spite of effective measures implemented by the government for controlling infections, is of concern. The government should scale-up provisions of clean and safe drinking water to the public.

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