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Figure 1.

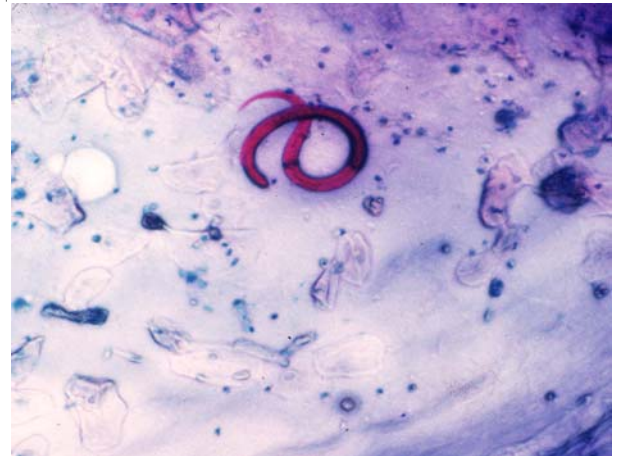


Figure 2.

Diagnosis: *Strongyloides stercoralis* hyperinfection syndrome.

Strongyloides stercoralis is one of the most common parasitic infestations worldwide, especially in the developing countries. It usually causes no or mild gastrointestinal symptoms in immunocompetent hosts, whereas severe or fatal infections are commonly reported in immunocompromised hosts especially those with chronic steroid therapy.¹ Under certain conditions, the filariform infective larva in the small intestine penetrate the bowel wall and migrate through-out the body such as the central nervous system, abdomen, and liver. They may lodge in the lungs with massive number, and cause pneumonia and progressive respiratory failure in immunocompromised patients.¹ Gram-negative bacteremia, meningitis, and sepsis² can occur as the intestinal flora may attach to the larvae during the intestinal penetration, and spread concurrently. The fresh sputum examination will show many motile *Strongyloides* larvae. The treatment includes the reduction in immunosuppressive therapy, anti-parasitic agents, and antibiotic in cases of secondary bacterial infection. Thiabendazole at 50 mg/kg/day is a

treatment of choice.³ The alternatives are albendazole and ivermectin.^{3,4} Treatment duration in hyperinfection syndrome is unclear depending on clinical response and disappearance of larvae in the sputum, probably at least a few weeks.

References

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3. Satoh M, Kokaze A. Treatment strategies in controlling strongyloidiasis. *Expert Opin Pharmacother* 2004;5:2293-301.
4. Turner SA, Maclean JD, Fleckenstein L, Greenaway C. Parenteral administration of ivermectin in a patient with disseminated strongyloidiasis. *Am J Trop Med Hyg* 2005;73:911-4.