

## Author's Reply

# Reply to “*Enterobius Vermicularis*: Uncommon Clinical Presentations”

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**T**hank you for the opportunity to respond to Dr. Santos's letter. We are also thankful for their interest in our work on *Enterobius vermicularis* (Ev) infection mimicking acute appendicitis in children.<sup>1</sup> Through examples of atypical localizations of Ev infection, the author has clearly underlined the high variability of clinical signs of this infection in pediatric and adult patients. *Enterobius vermicularis* infection could mimic various diseases (e.g., appendicitis, Crohn's disease, tuberculosis, and malignant tumors).<sup>2-5</sup> The worms live and reproduce in the ileum, cecum, colon and appendix and the nematode female migrates to the anus to deposit its eggs and die, usually at nighttime. Infection usually occurs by scratching the perianal area and transferring infective eggs to the mouth with contaminated hands.<sup>6</sup> Hematogenous spread of EV to other organs is also possible.<sup>7</sup>

Although there is no clinical, imaging or laboratory findings that are pathognomonic for this condition, our study found that pruritus ani, normal WBC count, normal neutrophil count, and normal CRP level at presentation could predict EV infection in children who present with right iliac fossa pain.<sup>1</sup> This is very important, as it could help the surgeon in the decision-making process in context of right iliac fossa pain to prevent unnecessary surgery. Respectfully,

**Authors' Contribution**

MZ: writing and revising the article. RM: reviewing and revising the article.

**Conflict of Interest Disclosures**

None.

**Ethical Statement**

Not applicable.

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