

Rectal Bleeding caused by *Haemadipsa japonica*: First case report in China

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CASE REPORT

A 56-year-old male was admitted to the hospital because of lower gastrointestinal tract bleeding. He was previously diagnosed with internal hemorrhoids on May 27, 1989. Two days prior to admission to the hospital, he had a sense of a foreign body, with itching and bleeding in his right eye, upon returning home after cutting firewood in the mountains. The following day he had 10 episodes of bloody stools, with approximately 30 mL of fresh blood every time, but without bowel movement, mucus, tenesmus, or fever. The local hospital treated him with hemostatic drugs and blood transfusion for 3 d, but the bleeding did not stop. He was then transferred to our

hospital (physical exam: T 37.0 °C, P 86/min, BP 14/8 kPa). Patient looked acutely ill and anemic, with bleeding in the right eye. From that eye, one *Haemadipsa japonica* (Hj), about 1.0 cm × 0.2 cm, was removed. A corneal ulcer was found with visual disturbance. The pupils were round and equal in size and reactive to light. His neck was soft, and lungs and heart were normal. His abdomen was flat and soft, and the liver and spleen were not palpable. No mass was present on palpation. There was pain on pressure and rebound tenderness over the left lower abdomen. Bowel sounds were normal. There was a small amount of fresh blood around the anus, and no external or internal hemorrhoids were found by endoscopy. There was one Hj (1.5 cm × 0.2 cm) in the rectum, about 8 cm distant from the anus. In order to avoid additional bleeding, we treated the patient with non-operative methods, including blood transfusion, oral hemostatic drugs, and honey. On the second day after treatment, the bleeding stopped. The final diagnosis was lower gastrointestinal tract hemorrhage caused by Hj. The patient recovered and was discharged from the hospital after 6 d.

DISCUSSION

Hj, *Desmodium racemosum* (Thunb) DC, *Hedysarum racemosum* Thunb, grows in the dark and moist forest along the mountain valley and gully of Guangdong and Guangxi Provinces and other coastal areas. It is approximately 1.5 cm × 0.2 cm, and it has a sucker as teeth. It can attach on the skin surface of the human body and sucks blood. It can swing a distance of up to 1-2 meters. When it swings to the skin surface, it can climb into and hide in the human cavity organs, such as nose, anus, vagina, and external auditory canal. Once attached, it sucks the blood, and its toxin can destroy the coagulation mechanism. Common hemostatic drugs have no effect on this organism. According to a folk recipe, honey may cause Hj to lose its activity, having a hemostatic effect when perfused into the affected cavity organ. This method was used in our patient with satisfactory results.

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