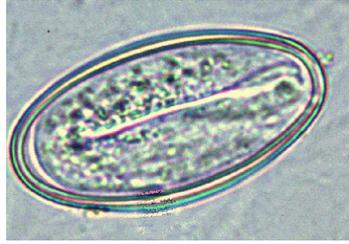


PINWORM (*enterobius vermicularis*)

Pinworm

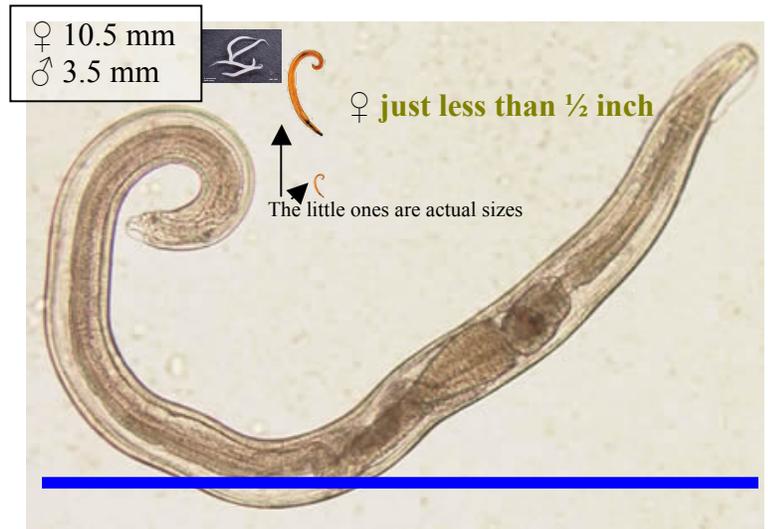
(enterobiasis) is found all around the world, less so in tropical areas.



Pinworm is nothing serious, cannot harm an infant, a child, or you and is easily treated. Preschool and school-aged children pass this organism to each other and their caretakers and siblings. Nighttime itching in the anal area is the most common tip-off that infestation is present. Rarely, this causes itching in the vaginal area. Sometimes a fresh stool will contain the tiny hyphen-sized (dead ♂) white worms. Traditionally we ask parents to do the scotch tape test to confirm the diagnosis. The scotch tape test goes like this: you put a piece of clear tape on the child's anal area at 10 pm. If the tiny eggs stick to it we see them under the microscope at the office. We usually treat when the symptoms and the situation are convincing enough.

Life cycle: Pinworm eggs are either inhaled or ingested through mouthing objects or one's fingers. The larvae hatch in the duodenum and migrate to the large intestine where they mature in 30-45 days. Mating occurs and alas, the male dies. The female, however, gets to live long enough to migrate to the anus during the night and deposit about 15,000 eggs in the perianal area. She secretes a very irritating substance that causes itching. Your child scratches the area getting some eggs on their fingers or under their nails. Eggs can then be transferred to cloth, toys, and the bathtub. The eggs can survive for 2 to 3 weeks outside of the human body. No matter how good a parent you are, your child may get pinworms (more than once!).

Treatment: There are effective medications for pinworm. Some of the medications are non-prescription. A single dose is given and then repeated in two weeks. Pyrantel pamoate (Pin-X, Reese) [at a dose of 5mg per pound], mebendazole (Enverm) [100mg chewable tablets if over 2yo- same dose for all sizes!] or albendazole (Albenza) [if over 2yo 400mg] kills the worm, but not eggs, so after 2 weeks a 2nd dose is needed. All in the family who are infected should be treated at the same time [if you are pregnant, you should treat after giving birth, nursing it's ok because it barely reaches the milk].



The house should be vacuumed and damp-mopped to pick up the microscopic eggs. Wiping household surfaces will help also, as even windowsills can harbor eggs. Bed sheets, underwear and night clothes should be laundered daily for a few days. The heat in the dryer does the best job of killing the eggs. Do not shake out the sheets or clothes because eggs can be dispersed into the air; just breathing them in can infect you! Cut fingernails short and promote frequent hand washing. Keep children in their own beds at least these two weeks. Tight fitting pajamas discourage direct contact with the anal area at nighttime as well.

What if the pinworm infection occurs again?

The infected person should be treated with the same two-dose treatment. Possibly re-treatment of friends or household contacts may be necessary.

What can I do to get better and stay free of infection?

- Bathe upon awakening up to wash away eggs.
- Change and wash your underwear each day.
- Change nightclothes & sheets after treatment.
- Because the eggs are sensitive to sunlight, open blinds or curtains in bedrooms during the day.
- Wash hands after using the toilet, after handling soiled laundry, before eating and after changing diapers.
- Trim fingernails short.
- Discourage nail-biting
- Discourage scratching bare anal areas.

Screening

Screening for pinworm infection in schools or institutions is rarely recommended. Children may return to day care after the first treatment dose, after bathing, and after trimming and scrubbing nails.

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CARING FAMILY, SC 815-459-2200

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