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**INDUSTRY STANDARD OF THE
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**Diagnosis of ascariasis
(English Translation)**

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Table of Contents

Foreword
1 Scope
2 Terms and definitions
3 Diagnosis basis
3.1 Epidemiological history
3.2 Clinical manifestations
3.3 Laboratory inspection
4 Principles of diagnosis
5 Diagnosis
5.1 Roundworm infection
5.2 Ascariasis
6 Differential diagnosis (see Appendix E)

Foreword

This standard was drafted in accordance with the rules given in GB/T 1.1-2009.

Drafting organizations of this standard. Chinese Center for Disease Control and Prevention, Institute of Parasitic Disease Control, Sichuan Provincial Center for Disease Control and Prevention, Zhejiang Province Center for Disease Control and Prevention, Guangxi Zhuang Autonomous Region Center for Disease Control and Prevention, Shanghai Center for Disease Control and Prevention.

1 Scope

This standard specifies the diagnostic basis, principles, diagnosis and differential diagnosis of ascariasis.

This standard applies to the diagnosis of ascariasis by disease prevention and control institutions and medical institutions at all levels across the country.

2 Terms and definitions

The following terms and definitions apply to this document 2.1 Ascarid *Ascaris lumbricoides*), also known as human roundworms, or roundworms for short, belongs to the Ascariaceae (see Appendix A).

Roundworm infection

The roundworm larvae migrate in the human body and/or the adult parasites in the human small intestine.

Ascariasis

A disease caused by roundworm larvae migrating in the human body and/or adults parasitizing the human small intestine.

3.1 Epidemiological history

The patient has a history of not washing hands before and after meals, eating unwashed fruits, vegetables, or drinking raw water (see Appendix B).

3.2.1 Larval stage

3.2.1.1

The main manifestations caused by the migration of larvae are respiratory symptoms, such as cough, chest tightness, itchy throat, dry cough, asthma or urticaria.

Occasionally, it may be accompanied by fever, blood in sputum or allergic dermatitis (see Appendix C, C.1.1).

3.2.1.2

The larvae can invade the thyroid, lymph nodes, thymus, spleen, brain, and spinal cord to form ectopic parasites (see Appendix C, C.1.2).

3.2.2 Adult stage

3.2.2.1

Adult parasitic intestines may have nausea, vomiting, abdominal pain, and abdominal distension, often accompanied by loss of appetite, intermittent periumbilical pain or upper abdominal cramping pain. Children may have neuropsychiatric symptoms, such as convulsions, night terrors, teeth grinding, sometimes heterophilia, and growth and development in severely infected people Obstacles (see C.2.1 of Appendix C).

3.2.2.2

Biliary ascariasis has sudden pain under the xiphoid process and radiates to the right shoulder, back or lower abdomen, often accompanied by nausea, vomiting, and pain.

It can happen again after a period of remission, with limited tenderness under the xiphoid process, and no abdominal muscle tension (see Appendix C, C.2.2).

3.2.2.3

Ascaris intestinal obstruction is manifested as sudden local pain in the umbilical or right lower abdomen, lasting for several minutes, with short intermittent time, and can recur.

More palpable soft, painless movable masses (see C.2.3 of Appendix C).

3.2.2.4

Ascaris appendicitis, early pain and other signs are mild, but the course of the disease progresses quickly, and perforation occurs earlier and secondary peritonitis (see Appendix C.2.4).

3.2.2.5

Ascaris intestinal perforation is manifested as subacute peritonitis, fever is not obvious, abdominal distension is gradually obvious, and the abdomen feels flexible on palpation (see C.2.5 of Appendix C).

3.3.1 Pathogenic examination

3.3.1.1

Ascaris eggs or larvae or adults are detected in stool inspection (see Appendix D).

3.3.1.2

Ascaris worms are found in sputum, bronchoalveolar lavage fluid or vomit.

3.3.2 Imaging examination

3.3.2.1

X-ray examination. chest radiographs show enlarged hilar and a bit, flocculent or patchy shadow in the lung field; flat radiographs of the abdomen except for small intestine gas or liquid Outside the plane, you can see clusters of parasite shadows or parallel linear shadows in the intestinal cavity.

3.3.2.2

Ultrasound examination. It is manifested as two parallel light bands in the gallbladder or common bile duct.

4 Principles of diagnosis

Diagnosis is based on epidemiological history, clinical manifestations and laboratory test results.

5.1 Roundworm infection

Comply with 3.1 and 3.3.1.1 at the same time.

5.2.1 Suspected cases

Comply with either 3.1 or 3.2.

5.2.2 Clinical diagnosis cases

Meet any of the suspected cases and 3.3.2.

5.2.3 Confirmed cases

Complies with any of the suspected cases and 3.3.1 or complies with any of the clinically diagnosed cases and 3.3.1.

6 Differential diagnosis (see Appendix E)

6.1

The respiratory system damage caused by ascariasis should be distinguished from the respiratory system damage caused by hookworm disease, bronchial asthma and pneumonia.

6.2

Digestive system damage caused by ascariasis should be distinguished from digestive system damage, peptic ulcer and ulcerative colitis caused by hookworm disease.

6.3

Common complications of ascariasis should be related to acute abdomen such as gastroduodenal ulcer perforation, gallstones, acute cholecystitis, intussusception, acute appendicitis, etc.

Differentiation of symptoms.

Appendix A

(Informative appendix) Etiology A.1 Type of pathogen *Ascaris lumbricoides*, referred to as human roundworms or roundworms, is one of the most common parasites in the human body.

Adult worms live in the small intestine and can cause ascariasis.

A.2 Form

A.2.1 Eggs