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## Scarabiasis in Children

Scarabiasis is a dung beetle, temporarily infesting the gastrointestinal tract without mucosal invasion, clinically characterized by passage of beetles in stool during defecation. Awareness is important to recognise this rare entity in children.

### Case 1

One year old female child from southern part of Tamil Nadu was brought with intermittent episodes of passing live black coloured beetles in the stool for six months. The beetles were brought by the parents in a small polythene bag. There was no fever, abdominal pain or perianal itching. On examination, the beetle was about 0.5 cms in size and black in colour (**Figure 1**). Diagnosis of scarabiasis was made. Clinical examination was unremarkable with normal growth. Investigations showed normal hemoglobin without any peripheral eosinophilia. Motion for ova, cyst were negative. Colonoscopy showed normal mucosa. She was treated with saline purgatives, oral metronidazole along with advice to use tight underclothing especially during sleeping, playtime and to avoid contact with cowdung.



**Figure 1:** Shows dung beetles

## Case 2

Three years old female child from low socioeconomic status was brought with intermittent passage of live beetles during defecation for three months. Child used to play in the open land without clothing at times. Clinically she was under nourished, with weight and height less than 3rd percentile. Systemic examination was normal. Motion ova, cyst were negative. Peripheral smear study was normal. Colonoscopy showed normal mucosa. Scarabiasis was considered and treated as mentioned in our first child.

## Discussion

Scarabiasis or Canthariasis or Beetle disease is a condition in which the beetles temporarily infest the digestive tract and rarely the urinary tract. Dung beetle belongs to Scarabaeidae family. The two species of dung beetles seen in India are *Onthophagus bifasciatus* and *Coccobius*. These beetles play a useful role in agriculture by burying and consuming dung, thereby improving the nutrient cycling and soil structure.<sup>1</sup> Though controversy exist in the mode of entry, the most recent accepted theory is that the larval form of beetles enter through anus, especially in naked children, develop into adult ones and then fly out of the rectum. Rarely adult beetles invade the gastrointestinal, urinary tract and rarely nose and eyes causing severe irritation. The most common presentation is presence of beetle in the stools or a swarm of beetle flying away from the anus during defecation. Loss of appetite, diarrhoea and abdominal pain has been reported.<sup>2</sup> Peripheral eosinophilia can occur in some.<sup>3</sup> Colonoscopy is usually normal as this is an ectoparasite without any mucosal involvement. Treatment consists of saline purgatives, improvement in personal hygiene, wearing protective underclothes during playtime and sleep to prevent recurrence. Oral metronidazole helps to remove the insects from human digestive tract.<sup>4</sup>

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## Colorectal Malignancies In Childhood - An Experience From A Tertiary Care Center

Colorectal cancer is the third most commonly diagnosed cancer and the third leading cause of cancer death among adults.<sup>1</sup> On the contrary, primary gastrointestinal malignancies constitute not more than 2% of all childhood tumors. Out of these colorectal (CR), malignancies in childhood are very rare and are second to hepatic malignancies in terms of incidence. The mortality from colorectal cancer in both men and women has declined in the last three decades, but the situation remains grim among the younger patients afflicted with CR malignancy.<sup>2</sup> The literature with regards to CR cancers among adults is robust, but the same for childhood CR malignancy is scanty and understandably so because of its rarity among children. Through this review of our experience, we intended to project the issues that are peculiar to CR malignancies among the pediatric population.