Ascaris lumbricoids are round worms, which causes human disease with variable presentations ranging from asymptomatic infestation to very serious complications, such as intestinal obstruction, intestinal perforation, hepatobiliary and pancreatic disease\textsuperscript{1-4}. Ascariasis occurs worldwide and it is most common in tropical and subtropical areas due to poor sanitation, and in places where human feces are used as fertilizer\textsuperscript{5-8}. The disease is transmitted via the ingestion of fertilized eggs in the contaminated soil. The eggs hatch and release the larva in the intestine. The larva goes to the lungs through the portal circulation and matures further. Eventually, the immature worm is swallowed with the bronchial secretion, and the worm enters the gastrointestinal tract and resides mainly in the lumen of the intestine. The mature female worm produces around 200,000 eggs daily, which are passed in the feces\textsuperscript{6}. The mature worm is mobile. It could enter the ampulla of Vater, and obstructs the biliary duct, but rarely enters the pancreatic duct, probably due to its narrow size.

The aim of this report is to present a case of obstructive acute pancreatitis due to infestation with ascaris worm in a very young child. Ascaris worm infestation leading to pancreatitis is a rare complication\textsuperscript{9}.

**THE CASE**

A thirty-four month-old Indian female living in Bahrain presented with acute abdomen. She visits India every couple of months on a family vacation. During her presentation, it was just a month and a half since she had come back from India. The mother has been giving her Mebendazole; an anthelmintic treatment every six months, based on their family physician advice in India. According to the family, she was never diagnosed with worms, but it was a preventive measure. The last time she has taken the Mebendazole was three months prior to her recent illness.

The patient presented with a two-day history of frequent projectile vomiting, severe diffuse abdominal pain, and abdominal distension. The patient’s temperature was 39 degrees Celsius. She looked dehydrated, sick and with diffuse abdominal tenderness. The serum amylase was elevated at 1652 u/L (normal range 25-115 u/L), the serum lipase was elevated at 1868 u/L (normal range 40-240 u/L), and the urinary amylase was 4764 u/L while the liver enzymes were normal. The white blood cells (WBC) count was elevated at 12,000 with 69% neutrophils, 19% lymphocytes and 1% eosinophils. The ultrasound study was not able to visualize the pancreas because of significant gas in the bowels, but the gallbladder was normal, and there was no evidence of a common bile duct dilatation. The abdominal CT scan revealed a large, well-defined loculated fluid hypodense area involving the proximal part of the pancreatic body and extending to part of the tail region with peri-pancreatic free fluid. The findings were suggestive of acute severe necrotizing pancreatitis. The pancreatic head and the common bile duct were normal, and there was no evidence of biliary obstruction. A tubular hypodense filling defect within the proximal jejunal loops was visualized on CT raising the possibility of a round-worm, see figure 1.

**Figure 1: CT Scan with Contrast Shows a Tubular Filling Defect Raising the Possibility of the Presence of a Worm (Arrow)**