

In patients suspected of having ascariasis due to a combination of clinical symptoms and relevant epidemiologic exposure, diagnosis is established via stool examination for ova or adult worms. Of note, ova will not appear in the stool until after approximately 40 days of infection, therefore diagnosis cannot

typically be definitively established during the early respiratory phase of the infection. Stool ova and parasite examination for ascaris involves specific staining techniques that are beyond the scope of what you will likely need to know.

## Management

### Albendazole

[Abe-Bond](#)

Treatment of ascariasis consists of administration of anti-parasitic agents. The most preferred agent is albendazole, as it has been shown to be effective in resolving nearly all ascaris infections with a single oral dose. Albendazole acts by blocking microtubule polymerization in the parasite, leading to impaired egg production and degenerative alterations within the worm's gastrointestinal tract.

### Pyrantel Pamoate In Pregnancy

[Pregnant Pirate Pomeranian](#)

Given potential teratogenicity of albendazole and related medications, women in the first trimester of pregnancy should be treated with pyrantel pamoate, which is effective in resolving approximately 90 percent of infections. Pyrantel pamoate acts by causing neuromuscular blockade and paralysis of adult worms.