

Strongyloidiasis is a soil-transmitted helminth infection caused by *Strongyloides stercoralis*. In United States, it has an estimated prevalence of 0-6.1%, which is higher in militants and immigrant populations. It usually presents with chronic nonspecific symptoms. Gastrointestinal symptoms include nausea, diarrhea or constipation. Respiratory tract symptoms include dry cough and dyspnea; additionally, skin manifestations include urticaria and angioedema. We present a case of incidental strongyloidiasis noted on duodenal biopsy – a rare occurrence in the United States

An 80-year-old man who immigrated from Dominican Republic in 1975 with past history of Hepatitis C cirrhosis, chronic iron deficiency anemia with baseline hemoglobin of 8 g/dL presented to the emergency department with lethargy and weakness. He had no abdominal pain, nausea, vomiting and no melena. Vital signs on presentation were within normal limits. On physical examination, patient was frail but in no acute distress. Abdomen was soft and non-tender. Laboratory work up showed stable electrolytes, WBC $7.8 \times 10^3/\mu\text{L}$, chronically elevated eosinophil number $0.87 \times 10^3/\mu\text{L}$ and percent 11.2 %, 5.5g/dL hemoglobin, mean corpuscular volume 95.6 fL, platelet count $167 \times 10^3/\mu\text{L}$, albumin 2.1 g/dl and an otherwise normal hepatic function panel. He was given 1 unit of packed red blood cells, and scheduled for upper endoscopy and refused colonoscopy. Esophagogastroduodenoscopy revealed esophagitis, erosive gastropathy and duodenitis with biopsies sent for pathology, a change from his prior endoscopy 4 years ago. Patient's hemoglobin ultimately stabilized and he was discharged on pantoprazole twice daily with a follow up in 4 weeks. Later, pathology revealed *Strongyloides* in duodenum. Patient was called and started on Ivermectin therapy.

Our patient did not exhibit any of the common findings found in chronic strongyloidiasis. Interestingly, anemia and hypoalbuminemia can occur in strongyloidiasis due to intestinal wall erosions and enteropathy. Additionally, eosinophilia is observed; however, its sensitivity is low. It is important to have higher level of suspicion to be able to diagnose Strongyloidiasis which should be considered in patients with anemia and eosinophilia despite a lack of symptoms.