

# PINWORMS

(Enterobiasis; Seatworm; Threadworm; Oxyuriasis)



## BASIC INFORMATION

### DESCRIPTION

Infestation with intestinal parasites, a common occurrence in children. Pinworms are more a nuisance than a major health problem. The body parts involved are the cecum and other portions of the large and small intestine, the anus, and the skin around the anus.

### FREQUENT SIGNS AND SYMPTOMS

- Some people may be infected and have no symptoms.
- Skin irritation and painful itching around the anus, especially during sleep.
- Restless sleep.
- Vaginal discharge, itching and discomfort if pinworms migrate into the vaginal opening.

### CAUSES

- Infestation of the intestine by a very small worm about 1/4 to 1/2 inch long. Pinworms travel from the intestine to the rectum to lay eggs around the anus and buttocks. If a person scratches the area, the eggs can get under the fingernails and be passed to anything or anyone that person touches.
- Pinworms are easy to catch from someone who is infected. Eggs are passed to others on toilet seats or by hand-to-hand or hand-to-mouth contact. They may drift in the air, where they are inhaled or swallowed. Eggs hatch and the larvae travel to the large intestine, where they mature, mate, and repeat the cycle.

### RISK INCREASES WITH

Groups of children, as in daycare, school, or at camps.

### PREVENTIVE MEASURES

- Wash hands carefully before meals and after using the toilet.
- Keep the nails short and clean.
- Bathe daily, right after waking up. This helps rid the body of any eggs before they can be spread.
- Have children wear clean underwear and pajamas daily.
- Don't scratch the anus or put fingers near the nose or mouth.
- Vacuum children's play area frequently.
- Wash bedding and pajamas on a regular basis.

### EXPECTED OUTCOMES

The infection is curable in two weeks with treatment. If worms reappear soon after treatment, it usually means a new infection, not treatment failure. A second treatment can be effective.

### POSSIBLE COMPLICATIONS

No serious complications expected.



## DIAGNOSIS & TREATMENT

### GENERAL MEASURES

- You may help diagnose the pinworms yourself.
- They look like small pieces of white or yellow thread.
- They may sometimes be seen on a child's stool.
- Since they are active at night, check your child a few hours after bedtime. Shine a flashlight on the rectal area and you may see the worms in action.
- Perform a tape test for the eggs:
  - Your health care provider may give you a tongue depressor with clear tape on it and a glass slide. If you do not have this, use your own clear (scotch) tape.
  - Place tape against your child's anal skin first thing in the morning (before washing or activity) to collect eggs.
  - Then place the sticky side of the tongue depressor tape on the glass slide. If your own tape was used, place it in a plastic bag and seal it.
  - Take slide or bag to the medical office for viewing under a microscope to check for pinworm eggs.
- Once the pinworm diagnosis is confirmed, the infection is usually treated with a drug to kill the worms. All family members should be treated even if they have no symptoms.
- On the day of treatment, wash sheets, towels, and clothing, especially bedclothes, in hot water. Cut and clean fingernails.

### MEDICATIONS

- A two-dose course of an antiworm drug is usually prescribed. The second dose is taken 2 weeks after the first dose.
- Nonprescription creams or lotions to relieve itching may be helpful.

### ACTIVITY

No limits.

### DIET

No special diet.



## NOTIFY OUR OFFICE IF

- Anyone in your family has symptoms of pinworms.
- Pinworms reappear after treatment.

Special notes:

---

---

---

More notes on the back of this page