Gastrointestinal Pain in a Male Collegiate Cross Country Runner: A Case Report

**Background:** We present the case of chronic gastrointestinal pain in a collegiate cross-country runner. Upon returning to competition from a vacation, a healthy cross-country runner presented with severe chronic gastrointestinal pain, flatulence, and loose stools. After several conditions were considered based on his response or non-response to treatment, a definitive diagnostic stool sample, a terminal ileum biopsy, and a right and left biopsy of the colon revealed the presence of parasitic organisms in his gastrointestinal tract. Intestinal parasites are very rare when it comes to affecting athletes. Parasites can cause severe pain and present with several uncomfortable signs and symptoms, such as fever, diarrhea, and flatulence. Early recognition by the entire sports medicine team will prevent unnecessary complications as a result.

**Differential Diagnosis:** giardiasis, hepatitis, campylobacter, blastocystis hominis, entomelba coli, diarrhea, infective colitis, malabsorption, microscopic colitis, ulcers, inflammatory bowel disease, lymphocytic colitis, post-infectious irritable bowel syndrome

**Treatment:** Pedialyte was used to keep the athlete hydrated after experiencing diarrhea for a long period of time (approximately two weeks). Doctors suggested fiber supplements to harden his bowel movements after his initial assessment. After limited results and continuation of symptoms, the athlete underwent a right and left colon and a terminal ileum biopsy to rule out microscopic colitis. A stool sample was collected and taken to the physician to check for infectious parasites as well. Based on biopsy and stool sample findings, a definitive diagnosis of intestinal parasites was made. A course of medications to address the parasitic infestation was initiated yielding excellent results. Symptoms resolved and were unremarkable in a post-treatment follow-up two weeks after treatment began. The athlete was able to fully resume physical activity without further incidence.

**Uniqueness:** The athlete most likely contracted the parasites while he was on his honeymoon after possibly eating contaminated food. He was able to compete to the best of his ability for the entire season not missing any time. Close monitoring and communication with the athletic training staff allowed for proper treatment and resolution of symptoms. It is relatively uncommon for a healthy athlete to present with a parasitic infestation.

**Conclusions:** Internal parasites should be taken very seriously by everyone involved, including the athlete, athletic training staff, and the team physician. Proper education and early recognition is key to keeping this condition under control. The athlete made a full recovery and was able to complete the remainder of his season.

**Word Count:** 397