



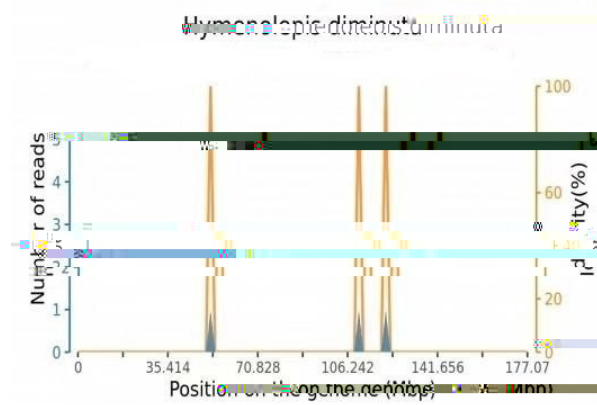
---

**\*Corresponding author:** Dr. Bin Shi, Department of Respiratory Medicine, The Affiliated Suqian Hospital of Xuzhou Medical University, Nanjing Drum Tower Hospital Group Suqian Hospital, Suqian, China, E-mail: shibin6386@163.com

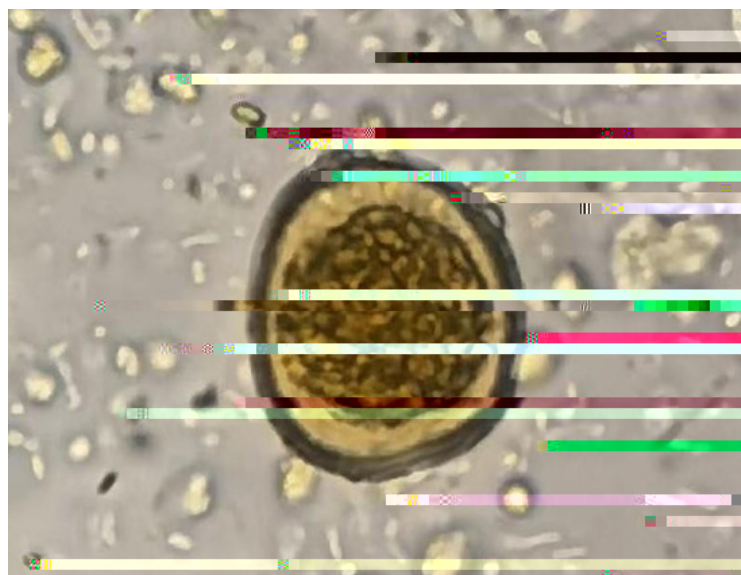
**Received:** 05-Jul-2023, Manuscript No. DPO-23-104863; **Editor assigned:** 07-Jul-2023, PreQC No. DPO-23-104863 (PQ); **Reviewed:** 21-Jul-2023, QC No. DPO-23-104863; **Revised:** 28-Jul-2023, Manuscript No. DPO-23-104863 (R); **Published:** 07-



**Figure 2:** A. Chest CT shows lung shadows before treatment; B. Chest CT shows no shadows in the lung after treatment.



**Figure 3:** We extracted the alveolar lavage fluid and did high-throughput sequencing, and it showed 3 *Hymenolepis diminuta*. Note: ■ Multiple mapping, ■ Unique mapping, ■ Identity.



**Figure 4:** *H. diminuta* egg found in the patient's stool at a magnification of X400. The egg contains six central hooklets but no polar filaments

**R I D**

*H. diminuta* has a ubiquitous distribution worldwide, however, it is rarely found in humans [8]. The definitive host as well as natural reservoirs of *H. diminuta* are rodents, i.e., rats and mice [9]. Children and adults from poor socioeconomic group are more prone to infection because of unhygienic practices [10]. Ingestion of the contaminated grains and cereals with infected insects is the main source of infestation.

The demonstration of *H. diminuta* eggs in the stool is the essential diagnostic tool. Most of the time this condition may be asymptomatic; however, vague abdominal pain and extraintestinal manifestations

and signed informed consent.

**C**

The authors declare no conflict of interest.

**A**

Jingjie Liu and Kang Tian wrote the main manuscript text and Jingjie Liu, Kang Tian and Wangyuan Sun prepared figures. All authors reviewed the manuscript.

**F**

Not applicable.

**A**

Not applicable.

**R**

1. Kalaivani R, Nandhini L, Seetha KS (2014) *Hymenolepis diminuta* infection in a school-going child: A rare case report. *Australas Med J* 7:379-381.
2. Makki M, Shahbazi F, Teimoori S, Rokni M, Abaei M, et al. (2011) Establishment of *Hymenolepis diminuta* life cycle to provide parasite mass production. *Iran J Parasitol* 6:60-63.
3. Sulima A, Bien J, Savijoki K, Nareaho A, Salamatin R, et al. (2017) Identification of immunogenic proteins of the cysticercoid of *Hymenolepis diminuta*. *Parasit Vectors* 10:577.
4. Tena D, Perez Simon M, Gimeno C, Perez Pomata MT, Illescas S, et al. (1998) Human infection with *Hymenolepis diminuta*: case report from Spain. *J Clin Microbiol* 36:2375-2376.
5. Sethi S, Gupta S, Jayshree M, Mewara A, Khurana S (2018) *Hymenolepis diminuta* infection in a child from urban area of North India: A rare case report. *Trop Parasitol* 8:118-120.
6. Mane P, Sangwan J (2016) *Hymenolepis diminuta* infection in a young boy from rural part of Northern India. *J Family Med Prim Care* 5:166-167.
7. Panti-May JA, Rodriguez-Vivas RI, Garcia-Prieto L, Servian A, Costa F (2020) Worldwide overview of human infections with *Hymenolepis diminuta*. *Parasitol Res* 119:1997-2004.
8. Patamia I, Cappello E, Castellano-Chiodo D, Greco F, Nigro L, et al. (2010) A human case of *Hymenolepis diminuta* in a child from eastern Sicily. *Korean J Parasitol* 48:167-169.
9. Kolodziej P, Rzymowska J, Stepien-Rukasz H, Lorencowicz R, Lucinska M, et al. (2014) Analysis of a child infected with *Hymenolepis diminuta* in Poland. *Ann Agric Environ Med* 21:510-511.
10. Tiwari S, Karuna T, Rautaraya B (2014) *hymenolepis diminuta* infection in a child from a rural area: A rare case report. *J Lab Physicians* 6:58-59.
11. Karuna T, Khadanga S (2013) A case of *Hymenolepis diminuta* in a young male from Odisha. *Trop Parasitol* 3:145-147.
12. Singh C, Sharma B, Aneja A, Lal SB, Khurana S (2020) Coinfection with *Hymenolepis nana* and *Hymenolepis diminuta* infection in a child from North India: A rare case report. *Trop Parasitol* 10:56-58.