**Introduction**

Filariasis is endemic in many parts of India especially in the southwestern coastal region[1] and is caused most frequently by *Wuchereria bancrofti*. But Uttarakhand is a nonendemic hill state of India for the disease. It is diagnosed by finding the larva or microfilaria in blood, fluids, needle aspirates, and tissues.[2]

The major clinical presentation of lymphatic filariasis includes low-grade filarial fever and lymphatic obstruction. Other symptoms may be malaise, headache, and vague pain. Lymphatics are tender, thickened, firm, and red. The overlying skin is red.[1] Although the filarial worm can be localized anywhere in the body, the usual location is in the inguinal, scrotal, and abdominal lymphatics.[3]

**Case Report**

A 22-year-old male resident of district Udham Singh Nagar (Bazpur) in Uttarakhand presented to the surgery out-patient department (OPD) of Uttarakhand Forest Hospital Trust Medical College, Haldwani (Nainital), with a complaint of swelling in the left inguinal region. Swelling was painless and was present for more than 1-year duration. On clinical examination, swelling was elongated in shape measuring 3.0 × 1.0 cm. The patient was asymptomatic and looking apparently healthy. There was no history of fever. All the hematological and biochemical parameters were within the normal limit. A clinical diagnosis of lipoma/neurofibroma was made. The swelling was excised and sent for histopathological examination.

**Gross examination**

One elongated, grayish-white to grayish-brown, firm tissue piece, measuring 3.0 × 1.0 cm was obtained. The cut surface was grayish-white and homogenous.

**Histopathological examination**

Sections showed presence of multiple adult filarial worms, surrounded by dense inflammatory cell infiltrates predominantly eosinophils. Worms were embedded in the fibrocollagenous tissue, and were densely infiltrated by the inflammatory infiltrate [Figure 1].

**Discussion**

Filariasis is a major public problem in many parts of the tropical countries. International Task Force for Disease Eradication has identified lymphatic filariasis as one of the six diseases considered eradicable or potentially eradicable.[4]

India’s National Health Policy 2002 has a goal to eliminate the lymphatic filariasis by the year 2015. Filariasis elimination is also a global goal as per WHO resolution. Uttarakhand, a newly formed hill state of India, is nonendemic for filaria. Filariasis caused by *W. bancrofti* is endemic in many parts of India. Uttarakhand is a nonendemic hill state of India. But filariasis due to *W. bancrofti* is reported to be increasing as a result of human population in endemic areas and mismanagement of the environment.[5] Being the new...
The second case of filaria in the Kumaon region of the Uttarakhand as per our best knowledge. The first case was from Nainital, district of Uttarakhand.

**Conclusion**

Being a second case of filaria in the endemic hill state of Uttarakhand, there is a likelihood of more hidden cases of filaria in the region and therefore, a more intensive survey required for the disease in the region, so that it can be controlled at the earliest stage.

**References**

1. Bruce M. Greene: Filariasis. Harrison's Principles of Internal Medicine. 12th ed., Vol. 1 J Wilson et al (eds). pp. 809-10, McGraw Hill, New York 1991.
2. Myageri A. Wuchereria Bancrofti adult worms in fine needle aspirate: A case report. J Cytol 2006;23:91-3.
3. Pant I, Singh PK, Singh SN. Agarwal A. Filariasis breast: A report of two cases, an unusual site to be involved. J Cytol 2003;20:206-7.
4. Sabesan S, Raju HK, Srividiya A, Das PK. Delimitation of lymphatic filariasis transmission risk areas. Filaria J 2006;5:12.
5. Park K. Epidemiology of communicable diseases: Lymphatic filariasis. In: Park K, editor. Park’s Text Book of Preventive Social Medicine. Jabalpur, India: Banarasidas Bhanot; 2005. p. 211-6.
6. Thapliyal N, Joshi U, Bhadani P, Jha RS. First report of Filariasis in a non-endemic hill state of India. Indian J Pathol Microbiol 2009;52:293-4.