Enterobius vermicularis infection remains a common parasitosis, being prevalent in children. The diagnosis is mainly clinical and parasite eradication often poses challenges. The cure is seldom complete and re-infection is common, so that parasites may cause significant decrease in the quality of life. Here, we describe the clinical case of a 10 year-old female child, belonging to a nuclear family in the Duvall cycle stage IV. The patient was initially diagnosed with intestinal pinworms in 2014. The patient and her family underwent a single Albendazole 400mg treatment. Six months later, she again developed abdominal pain and anal itching, which was shown to be associated with the presence of stool parasites. A second dose of Albendazole 400mg was prescribed to the family. The patient had a remission of her symptoms. Nearly 4 weeks after, she again mentioned anal itching and the stool examination revealed 'eggs and adult worms of Enterobius vermicularis'. In face of a recurrent parasitic infection, the family was prescribed Pyrantel pamoate 11mg/kg. General cleaning and hygiene measures were also explained. After three treatment cycles there was no symptom improvement and the stool examination showed the persistence of the parasite. Mebendazole 100mg was then prescribed to the family and repeated two weeks later. The parasitological exam of the stool became negative and the patient has remained asymptomatic. The anthelmintics used here follow the guidelines of the Portuguese Society of Pediatrics. General cleaning and hygiene measures are also recommended. Deworming of the household is mandatory. The migration of perineal larvae to the female genital tract has been documented. In the present case, the existence of a vaginal reservoir could explain the challenge in eradicating pinworm parasites. For their holistic approach Family Doctors have a special role in these cases: care and work in partnership with the patient and the family.