Intestinal schistosomiasis acquired in Cameroon: A case report.
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Citation

Abstract
We present the case of a 32 year old man from Cameroon who was referred for “isolated eosinophilia”. The diagnosis of intestinal schistosomiasis was suspected upon epidemiological factors and a positive serology. It was confirmed by a rectum mucosa biopsy. Treatment with praziquantel was successful and post therapeutic controls tests were within normal limits.

CASE REPORT
The patient was born in Cameroon. He is 32 years old, married and has 2 children. He recently took a new job as clerk in a hospital in Paris, city where he has been living for 3 years without going back to Africa. He is referred for “isolated eosinophilia”, which was discovered in his pre-employment check up. In his family history his father died of myocardial infarction, in his surgical history he underwent an appendectomy when he was 12 and in his medical history he contracted typhoid fever at age 24. Currently, he is totally asymptomatic.

The tropical diseases check-up performed on consultation day reveals the following:

CBC: Eosinophilia (8% of WBCs)
Parasitological stool exam: Negative
Schistosomal serology: Positive (1/400 using indirect immunofluorescence)

Consequently, a rectum mucosa biopsy is requested, which shows living Schistosoma mansoni eggs. An oral treatment by praziquantel is given on an outpatient basis (a single dose of 40mg/kg). It is well tolerated clinically and biologically. Post therapeutic tests exhibit the following:

DISCUSSION
Intestinal schistosomiasis is endemic in Cameroon where it co-exists with urinary schistosomiasis. Schistosoma mansoni is the only species in Brazil and the West Indies but it cannot be found in Cuba and Jamaica.

Generally, clinical symptoms are discreet or even absent. At the parasitic adult phase (about 3 months after contamination), they mainly consist of bowel movement disturbances and abdominal pain.

The degree of liver involvement depends upon the intensity of infestation. Ovulary emboli stopped at the hepatic level form bilharziomas made of a sclerosis in pipe tube shape, which is pathognomonic of schistosomiasis. It results in a pre-sinusoidal block causing portal hypertension.

The prognosis of intestinal schistosomiasis is linked to the hemorrhagic complications of portal hypertension in particular esophageal varicose veins rupture.

The diagnosis rests primarily on parasitological stools exams. However, when the parasitic load is weak they may be negative. In this case, if other indirect arguments are present (like in our presentation), a rectum mucosa biopsy is
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References

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