Interesting case of right iliac fossa pain in a UK patient

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Introduction:

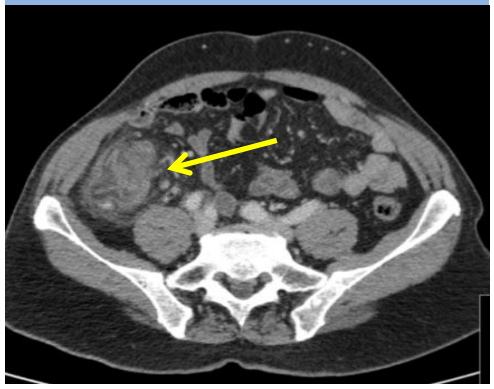
- Schistosoma is a blood fluke second only to malaria in terms of worldwide prevalence (1, 2). It has 5 species with intestinal schistosomiasis mostly from Schistosoma Mansoni infection but has also been reported due to Schistosoma haematobium (3).
- Gastrointestinal involvement could lead to abdominal pain, diarrhea, dyspepsia, tenesmus, rectal passage of blood and/or mucus. Intestinal involvement presenting as acute appendicitis and caecal mass has also been reported (2).
- Schistosoma transmission has been reported from 78 countries worldwide but mainly in Africa (1, 4, 5). It is relatively rare in Europe involving mainly immigrants, refugees and tourists (2, 6).
- As per our knowledge, we are reporting the first case of intestinal schistosomiasis presenting to a UK hospital.

Case:

- 62 years old Asian male with 3 months history of right iliac fossa (RIF) pain associated with reduced appetite and occasional dysuria. On examination – mild tenderness in RIF.
- Blood tests – slightly low haemoglobin, slightly raised amylase and fibrinogen. Normal white blood cells count and C-Reactive protein.
- Travelled to Kenya 15 years before presentation, Fiji, Northern and Central India in 2016, and a 3 weeks cruise around Caribbean in November and December 2017. Of note, his symptoms started prior to him going on the cruise.

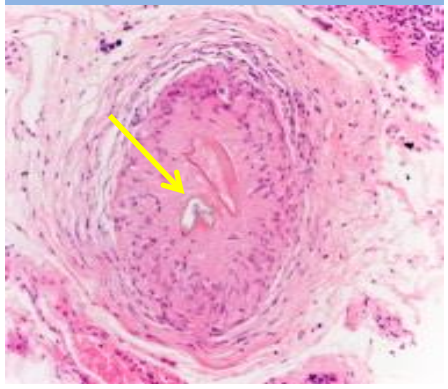
Initial CT scan:

- Caecal and distal ascending colon mural thickening with pericaecal fluid raising the possibility of appendicitis. Possibility of colonic tumor could not be excluded and endoscopic correlation advised.



Colonoscopy and Biopsies (December 2017):

- Submucosal granuloma with typical spine of Schistosoma organism.

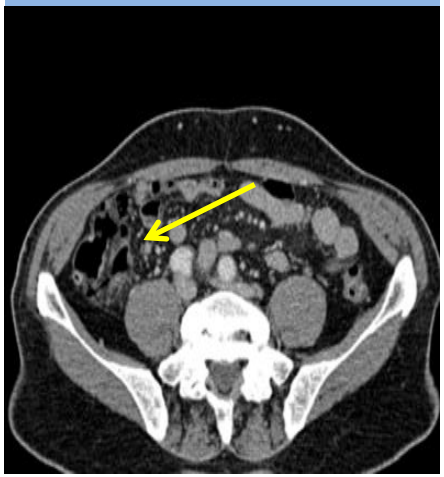


Further management:

- Parasite Serology Test (January 2018) – positive for Schistosoma antibody test and patient had treatment with Praziquantel.
- Follow-up (July 2018) – faeces and urine did not show ova of Schistosoma.

Follow-up CT scan (October 2018):

- Significant improvement in colonic thickening and peri-colonic inflammatory changes.



Discussion:

- Initial contact with schistosoma may be asymptomatic or produce a rash and/or constitutional symptoms.
- As parasite eggs can potentially get trapped in any viscera, subacute and chronic infections can involve any of or multiple organ systems.
- Diagnosis is based on the presence of parasite eggs in stool or urine. Biopsy is another way to diagnose (3, 5, 6).
- Treatment involves Praziquantel which can be administered as a single or in 2 divided oral doses.
- Chronic bowel infection could lead to iron deficiency anaemia, ulceration, stricture, obstruction, protein losing enteropathy and rectal prolapse (3, 6).
- In colon, chronic schistosomiasis could lead to polyp formation (2, 3, 5, 6) and patient may be mistakenly informed of diagnosis of tumor.

Learning Point:

- This case is intended to highlight a disease process which may become more frequent in patients presenting in the UK hospitals due to immigration from and travel to endemic areas. We therefore urge Clinicians to seek appropriate travel history in all patients.

References:

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