

The Unexpected Quiet Guest in the Colon

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INTRODUCTION

- Schistosomiasis is a common parasitic infection, more prevalent in Sub-Saharan Africa but rare in developed countries [1].
- Schistosomiasis is transmitted through skin contact with fresh water while snails serve as intermediate hosts.
- Other than intestinal and hepatosplenic schistosomiasis, pulmonary manifestations and genitourinary infection may develop.
- Gastrointestinal symptoms may include abdominal pain, nausea, bloody diarrhea, tenesmus, and hepatosplenomegaly.
- We present a case of completely asymptomatic intestinal schistosomiasis diagnosed incidentally during a screening colonoscopy.

CASE REPORT

- A 57-year-old female, raised in sub-Saharan Africa, presented for outpatient screening colonoscopy after a positive Cologuard test, she didn't have any complaints while her physical exam was benign.
- Screening colonoscopy was performed and revealed nodular mucosa in the cecum, splenic flexure, and the rectum.
- The splenic flexure nodules were characterized by white tipped appearance [Figure 1].
- Biopsies were obtained from these nodules and the histopathology showed colonic mucosa with an eosinophilic granulomatous inflammation associated with Schistosoma egg at the splenic flexure nodular lesions [Figure 2].
- The other nodular areas were identified as benign colonic mucosa with lymphoid aggregate.

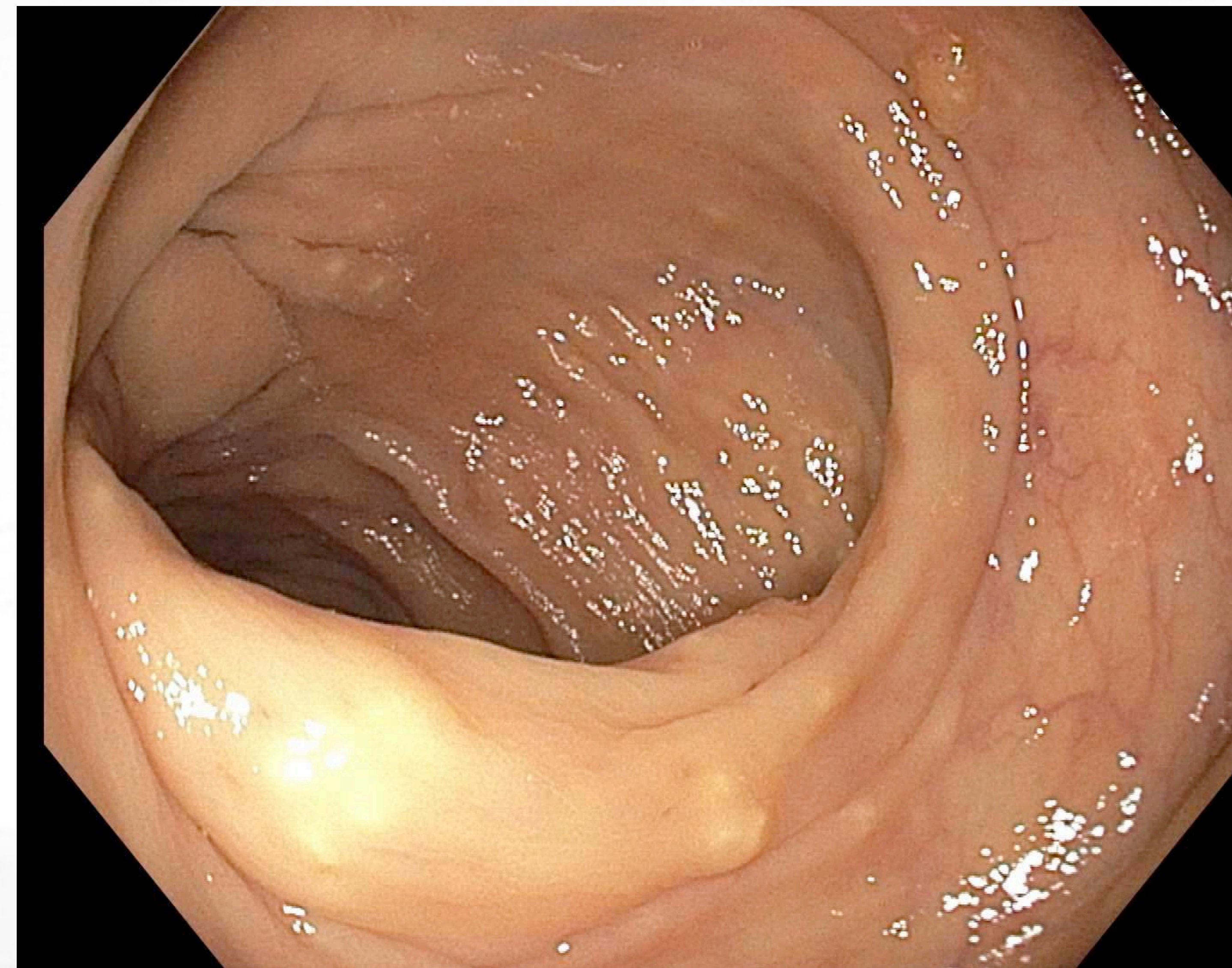


Figure 1. White tipped nodular mucosa at splenic flexure seen during colonoscopy.

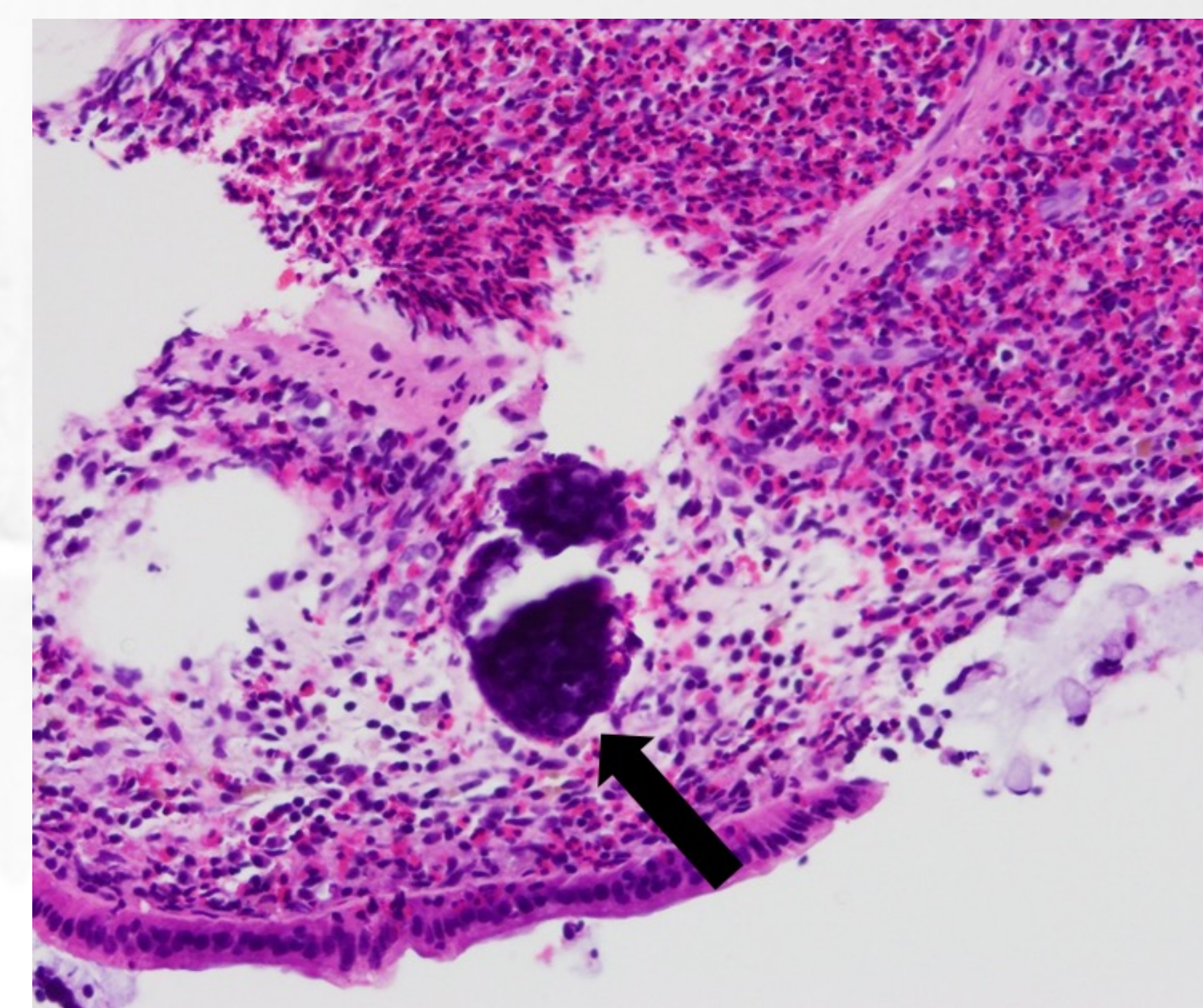


Figure 3. H&E section showing colonic mucosa with an eosinophilic granulomatous inflammation associated with Schistosoma egg (arrow). [20x magnification].

CASE REPORT (Continued)

- Stool culture after the colonoscopy was obtained and showed incidental Endolimax nana cysts which was not treated as per ID recommendations.
- Patient was treated with Praziquantel.

DISCUSSION

- Typically, intestinal schistosomiasis is considered a chronic infection and may present with abdominal pain, diarrhea, poor appetite, and weight loss. In severe cases, hematochezia and anemia may also be observed.
- Endoscopic characteristics may include hypertrophy, granulomas, polyp formation, mural thickening, stricture with erosions or ulcerations.
- Clinicians must be aware that the endoscopic findings of intestinal schistosomiasis may be confused with those of IBD.
- For appropriate diagnosis, biopsy in multiple sites is required.
- Schistosome eggs surrounded by granulomas are the gold standard for diagnosis. Peripheral eosinophilia supports the diagnosis.
- Patients with intestinal schistosomiasis should get treatment with single dose of Praziquantel 40mg/kg regardless of the symptoms [2].
- Gastroenterologists must be aware of the endoscopic characteristics of schistosomiasis, especially when managing patients from endemic areas.

REFERENCES

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2. Fukushige M, Chase-Topping M, Woolhouse MEJ, Mutapi F. Efficacy of praziquantel has been maintained over four decades (from 1977 to 2018): A systematic review and meta-analysis of factors influence its efficacy. *PLoS Negl Trop Dis*. 2021 Mar 17;15(3):e0009189. doi: 10.1371/journal.pntd.0009189. PMID: 33730095; PMCID: PMC7968639.