



Incidental Colonic Schistosomiasis Found After Polypectomy

Chidiebele A Enunwa^{1*}, Eric M Montminy², Nathaniel J McLaughlin³ and Benjamin A Guider²

¹Department of Medicine, Tulane University School of Medicine, USA

²Department of Gastroenterology, Tulane University School of Medicine, USA

³Department of Pathology, Tulane University School of Medicine, USA

Abstract

Schistosomiasis is a parasitic infection endemic to parts of Africa, Asia, and South America. Its incidence in North America has increased, allowing for study of classic presentations. Colonic schistosomiasis typically results in a granulomatous reaction with systemic symptoms. This case describes the unusual course of a 54 year old male patient with nonspecific abdominal pain incidentally found to have colonic schistosomiasis after routine polypectomy.

Keywords: Parasite; Polypectomy; Colonoscopy

Introduction

This case report describes the course and treatment of a patient presenting with nonspecific abdominal pain, incidentally found to have colonic Schistosomiasis after polypectomy. The novelty of this case lies in the unusual presentation of an increasingly common disease and its emphasis on the importance of polypectomy for colorectal cancer prevention.

Case Study

A 54 year old Hispanic man with no past medical history presented to the emergency department for right lower quadrant pain with associated nausea and vomiting. The patient denied fever or changes in bowel movements. Vitals were all within normal limits and physical exam demonstrated mild right lower quadrant tenderness. Labs were unremarkable. CT abdomen/pelvis with IV contrast revealed rectosigmoid mural thickening and luminal narrowing, concerning for irritable bowel disease. Colonoscopy was performed and was unremarkable except for two <1 cm sessile polyps in the ascending and descending colon, which were successfully removed using cold forceps. H&E staining demonstrated the polyps to have numerous schistosoma eggs, consistent with colonic schistosomiasis. The patient was treated with prednisolone and praziquantel with resolution of abdominal pain (Figure 1 and 2).

Discussion

Schistosomiasis is a parasitic disease caused by the various species of schistosoma trematodes. While infection is endemic to parts of Africa, Asia, and South America, its incidence in North America has increased with the prevalence of international travel. Transmission of Schistosoma is typically dependent on freshwater snails acting as intermediate hosts until human infection

OPEN ACCESS

*Correspondence:

Chidiebele A Enunwa, Department of Medicine, Tulane University School of Medicine, 1430 Tulane Avenue, New Orleans, LA 70112, USA, Tel: 559-779-5982;

E-mail: cenunwa@tulane.edu

Received Date: 26 Jun 2020

Accepted Date: 17 Jul 2020

Published Date: 24 Jul 2020

Citation:

Enunwa CA, Montminy EM, McLaughlin NJ, Guider BA. Incidental Colonic Schistosomiasis Found After Polypectomy. *Ann Clin Case Rep.* 2020; 5: 1865.

ISSN: 2474-1655

Copyright © 2020 Chidiebele A Enunwa. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

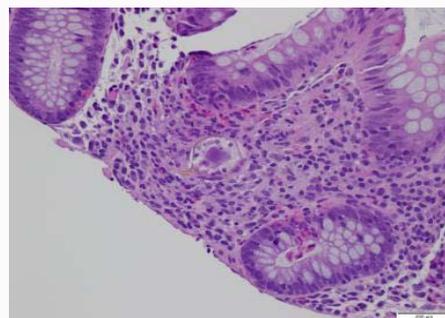


Figure 1: Schistosoma egg found in submucosa.



Figure 2: Rectosigmoid Polyp.

is achieved by skin penetration. Mature schistosoma lay eggs in the submucosa causing a granulomatous reaction that eventually results in systemic response [1]. Most commonly, *S. Mansoni* and *S. Japonicum* are associated with hepatobiliary and intestinal disease [2,3]. This case is unusual, not only because of the unusual presentation of symptoms, but also because it showed Schistosoma eggs within a typical adenomatous polyp rather than a granuloma. The polyps found on colonoscopy were originally believed to be unremarkable and were therefore removed for routine colorectal cancer prevention. Histologic staining revealed the parasite eggs and an unexpected explanation for the patient's abdominal pain. This case demonstrates how routine polypectomy for colorectal cancer prevention can provide insight to often obscure disease.

Author Contribution

Eric M Montminy: Performed the colonoscopy and polypectomy, Participated in writing and editing.

Nathaniel J McLaughlin: Performed and analyzed H&E staining of polyp.

Benjamin A Guider: Overseeing author.

References

1. Cao J, Liu WJ, Xu XY, Zou XP. Endoscopic findings and clinicopathologic characteristics of colonic schistosomiasis: A report of 46 cases. *World J Gastroenterol.* 2010;16(6):723-7.
2. Jamal M, Rayes O, Samuel L, Tibbetts R, Pimentel JD. The Brief Case: Benign rectal polyp with *Schistosoma mansoni*. *J Clin Microbiol.* 2017;55(4):992-5.
3. Rizzo M, Mansueto P, Cabibi D, Barresi E, Berneis K, Affronti M, et al. A case of bowel schistosomiasis not adhering to endoscopic findings. *World J Gastroenterol.* 2005;11(44): 7044-7.