IMAGES IN CLINICAL MEDICINE

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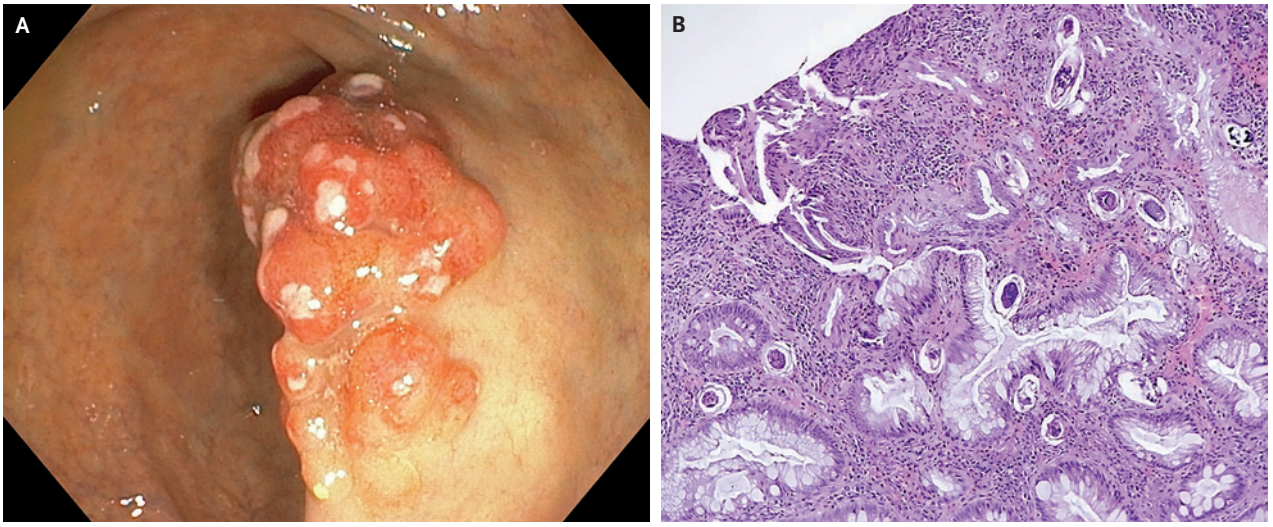
Chronic Rectal Schistosomiasis



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A 29-year-old man presented to the outpatient clinic with a 2-month history of bright red blood from the rectum. He had no fever, weight loss, diarrhea, or hematuria. He lived in the interior of northeastern Brazil and regularly bathed in rivers. On physical examination, the patient had slight tenderness to palpation of the left flank. Serum laboratory testing was notable for an absolute eosinophil count of 470 per cubic millimeter (reference range, 34 to 420). A colonoscopy identified a reddish, polypoid lesion in the distal rectum (Panel A). Biopsy of the lesion revealed a dense inflammatory infiltrate containing eosinophils and several schistosome eggs (Panel B, hematoxylin and eosin stain). A diagnosis of chronic rectal schistosomiasis was made. When schistosomal eggs are deposited in the submucosal layers of the gastrointestinal lumen, the inflammatory response in the host causes a foreign-body reaction. The subsequent fibrosis and inflammation result in the formation of polypoid lesions that can ulcerate and bleed, as was seen in this patient. Treatment with praziquantel was given. One month after treatment, the patient no longer had any bleeding episodes. Follow-up colonoscopy at 6 months showed that the polypoid lesion was gone.

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