

# Exotic Liver Cirrhosis: A Case of Chronic Schistosomiasis Infection

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Peter Morreale, Ben Melancon,  
Brad Spieler MD, Shane Guillory  
MD, and Lee Engel MD



# HPI

- ▶ 52 year old Brazilian male presenting to ED
- ▶ Chief Complaint: “Abdominal pain x 5 months”
- ▶ Abdominal pain
- ▶ Bloody bowel movements
  - ▶ Hematochezia
  - ▶ No melena
  - ▶ Intermittent → Every BM for prior 2 weeks

# HPI

- ▶ Associated symptoms:
  - ▶ Tenesmus and pain on defecation
  - ▶ Increasing fatigue
    - ▶ Lightheadedness
  - ▶ LE swelling for several months
    - ▶ No abdominal distension

# Past History

- ▶ PMH:
  - ▶ No known medical conditions
  - ▶ Treated for unknown “worm infection” at age 3
  - ▶ Treated for Schistosomiasis (1990s)
- ▶ PSH: None
- ▶ Home Medications: None
- ▶ PFH: Non-contributory
- ▶ Healthcare Maintenance: None
  - ▶ Citing no health problems

# Social history

- ▶ Adamantly denied alcohol, tobacco, or illicit drug use
- ▶ Immigrated from Brazil 15 years ago
  - ▶ Construction worker

# ROS:

- ▶ Gen: **Night sweats**, No fever or chills, No diaphoresis, No weight loss
- ▶ HEENT: No sore throat, rhinorrhea, photophobia
- ▶ CV: No chest pain
- ▶ Resp: No cough, No dyspnea
- ▶ GI: No constipation or diarrhea, No nausea or vomiting
- ▶ GU: No dysuria, change in frequency, change in color

# Physical Exam

- ▶ V/S: BP 117/70, Pulse 78, Temperature 98.4°F, RR 16, 97% on RA
- ▶ PE:
  - ▶ HEENT: Mild scleral icterus
  - ▶ CV: RRR, 2/6 systolic ejection murmur at apex. No gallops or rubs
  - ▶ Lungs: CTAB
  - ▶ Abdomen: Soft, NT/ND, Normo-active bowel sounds, Liver non-palpable, Palpable spleen 4 cm below left costal margin
  - ▶ GU: No external or internal hemorrhoids palpated on DRE
  - ▶ Extremities: No C/C/E
  - ▶ Skin: Telangiectasias noted on chest

# Labs

3.7 > 12.6 < 80  
34.7

MCV: 100.4

138	109	6.0
3.3	25	0.54

< 75

AST: 77

ALT: 49

Alk Phos: 102

T. Bili: 3.0

T protein 5.2

Alb: 2.4

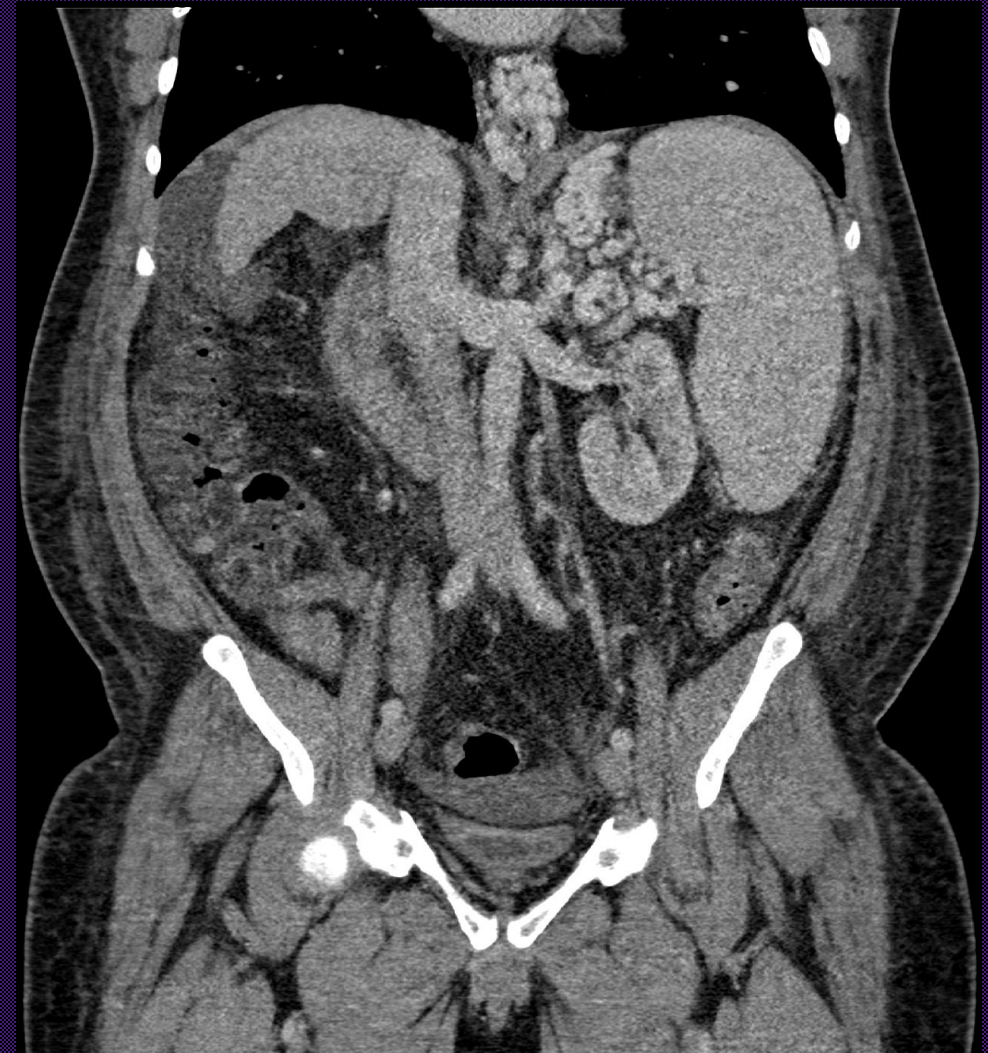
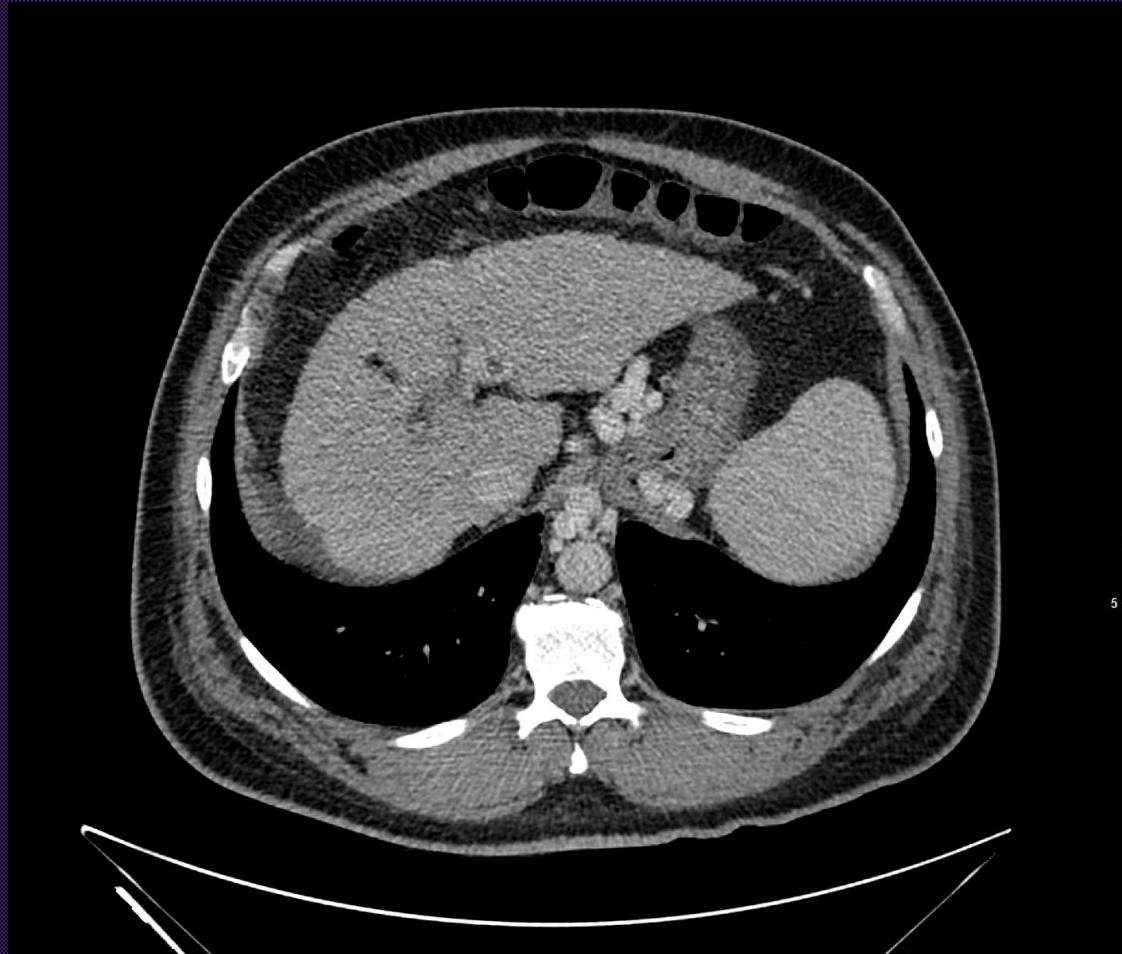
PT: 19.5

INR: 1.7

PTT: 42.8

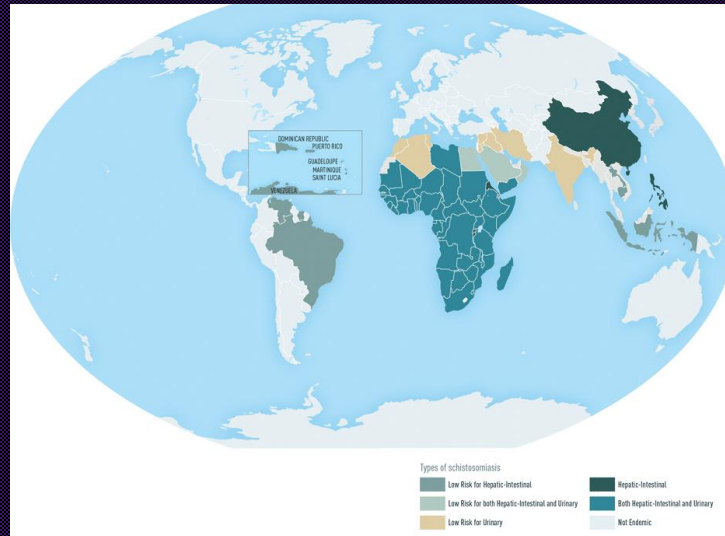


# CT Abdomen with contrast



# Discussion

# What is Schistosomiasis?



- ▶ Three Main Species:
  - ▶ *S. mansoni* → Brazil, Venezuela, Caribbean, Africa, and Middle East
  - ▶ *S. haematobium* → Africa, Middle East, Corsica (France)
  - ▶ *S. japonicum* → China, Indonesia, and Philippines
- ▶ CDC estimates that 200 million people are infected world wide

# Signs and Symptoms of Infection

- ▶ Usually asymptomatic at time of infection
- ▶ Sub-Acute symptoms include:
  - ▶ Malaise, fever, chills, abdominal pain, muscle pain, diarrhea, or cough
- ▶ Chronic infection:
  - ▶ *S. mansoni* & *japonicum* → GI tract and liver → hematochezia, diarrhea, cirrhosis, portal HTN, and liver failure
  - ▶ *S. haematobium* → Bladder and ureters → hematuria, hydronephrosis, kidney failure, and possibly bladder cancer

Treatment?

**PRAZIQUANTEL**

# Learning Points

1) Always try to get a thorough past medical history and social history

- ▶ Important details crucial for diagnosis

2) Travel history is important for all patients

- ▶ Diseases that are endemic to certain countries are medically relevant anywhere

# References

- ▶ <https://www.cdc.gov/parasites/schistosomiasis/index.html>
- ▶ <https://www.who.int/news-room/fact-sheets/detail/schistosomiasis>
- ▶ Colley DG, Bustinduy AL, Secor WE, King CH. Human schistosomiasis. Lancet. 2014;383(9936):2253-64.
- ▶ <https://www.merckmanuals.com/professional/infectious-diseases/trematodes-flukes/schistosomiasis>
- ▶ <https://www.uptodate.com/contents/schistosomiasis-epidemiology-and-clinical-manifestations>

**QUESTIONS??**