Exotic Liver Cirrhosis: A Case of Chronic Schistosomiasis Infection

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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

- MCV: 100.4
- AST: 77
- ALT: 49
- Alk Phos: 102
- T. Bili: 3.0
- T protein: 5.2
- PT: 19.5
- INR: 1.7
- PTT: 42.8

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- 3.7
- 12.6
- 34.7
- 80

- 138
- 109
- 6.0
- 75

- 3.3
- 25
- 0.54
- 75
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 worldwide
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.who.int/news-room/fact-sheets/detail/schistosomiasis
- https://www.merckmanuals.com/professional/infectious-diseases/trematodes-flukes/schistosomiasis
QUESTIONS??