

## Schistosoma Haematobium Presenting In the Gallbladder

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### Abstract

Schistosomiasis is a worldwide worm disease. It has been reported to be common in Nigeria. One of its presentations is to single out an organ. The present case involved the gallbladder.

**Keywords:** *Schistosoma haematobium*; Endemicity; Gallbladder; Nigeria

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### Introduction

Schistosomiasis is an important disease worldwide, the *Haematobium schistosoma* species being reputed to crop up mostly in the urinary tract [1]. However, single cases have been reported as regards such a site as skin [2,3]. The cases published among Egyptians showed calcification of the gallbladder [4]. Therefore, the present case is documented especially as it cropped up in this organ during a biopsy in a developing community.

### Case Report

A 13-year-old boy attended the St Charles Borromeo Hospital, Onitsha, with abdominal pains and swelling of 2 weeks' duration under the junior author (CMA). There was generalized abdominal tenderness. Laparotomy revealed suspicious lesion in the gallbladder. This was excised to rule out malignancy.

The senior author (WIBO) received a 5 cm mass without obvious gallbladder outline but with a shaggy appearance. On microscopy, the appearances were fantastically those of terminally spined schistosoma ova, some being calcified. Both fibrosis and suppuration were apparent. The surrounding fat was infested. Therefore, *E. schistosomiasis* was diagnosed.

### Discussion

There is a tendency to write in terms of diagnosis of this worm with reference to "either through identification of characteristic ova in urine or stool or through serology" [5]. According to a Birmingham (UK) group, the establishment of a histopathology data pool facilitates epidemiological analysis [6]. In this developing community, in South Eastern Nigeria, such a pool has served the Igbo ethnic group [7].

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Incidentally, a previous case among them was its presentation as sexual abuse because of a crop of lesions in the genitalia of a young girl [8] as well as infestation of an ovarian tumor [9].

## Conclusion

We have presented a case report of *E. schistosoma* in the gallbladder of an Igbo girl. A search of the literature had revealed one case earlier [4]. Accordingly, further searches were undertaken. From Saudi Arabia, came the first case of gallbladder schistosomiasis with gallstones causing chronic cholecystitis [10]. From China, the team stressed the importance of diagnostic imaging modalities “not only to diagnose the disease but also to evaluate the severity of the disease process and its complications in target organs” [11]. On their part, from Australia, “the support of policy decisions for national public health programs aimed at the control and elimination of schistosomiasis” [12].

## References

1. Spencer H. “Tropical pathology”. Springer (1973): 563.
2. Atanda AT, *et al.* “Cutaneous schistosomiasis: Case report and literature review”. *Annals of Nigerian Medicine* 6.2 (2012): 98-100.
3. Mota Lde S., *et al.* “Ectopic cutaneous schistosomiasis – Case report”. *Anais Brasileiros De Dermatologia* 89.4 (2014): 646-648.
4. Fataar S., *et al.* “Radiologically visible gallbladder calcification due to schistosomiasis”. *The British Journal of Radiology* 63.756 (1990): 706-709.
5. Katsetos C., *et al.* “Schistosomiasis of the abdominal cavity and infertility: A case report”. *Obstetrics & Gynecology* 2.6 (2013): 57.
6. Macartney JC., *et al.* “Use of a histopathology data pool for epidemiological analysis”. *Journal of Clinical Pathology* 33.4 (1980): 351-353.
7. Basden GT. “Niger Ibos”. Cass, London (1966):
8. Onuigbo WIB., *et al.* “Sexual abuse simulated by schistosomiasis”. *Child Abuse & Neglect* 23.9(1999):947-949.
9. Patel RA., *et al.* “Incidental schistosomiasis in transplant liver: A case report and review of the literature”. *Journal of Transplantation Technologies & Research* 5 (2025): 150.
10. Bakhotmah MA. “Gallbladder bilharziasis”. *HPB Surgery* 9.3 (1996): 175-177.
11. Kumar V., *et al.* “Human schistosomiasis: A diagnostic imaging focused reviewing of a neglected disease”. *Radiology of Infectious Diseases* 2.3 (2015): 150-157.
12. Weerakoon KG., *et al.* “Advances in the diagnosis of human schistosomiasis”. *Clinical Microbiology Reviews* 28.4 (2015): 939-967.
13. Alam K., *et al.* “Schistosomiasis: A case series, with review of literature”. *The Internet Journal of Infectious Diseases* 7.1(2008): 1-7.

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