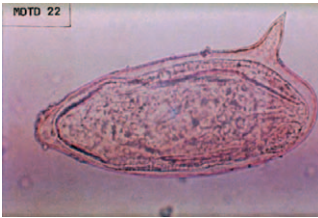




Case 2.10 Schistosomiasis

A 25-year-old Egyptian student who had lived in England for the past 2 years presented with acute haematemesis. Examination revealed marked hepatosplenomegaly. Oesophageal and gastric varices were identified at emergency upper gastrointestinal endoscopy, thus confirming the presence of portal hypertension. The following disorders were considered in the differential diagnosis as a possible cause of his portal hypertension: alcoholic cirrhosis, chronic active hepatitis, portal and hepatic venous obstruction and schistosomiasis. Alcoholic liver disease was considered unlikely since he was a teetotaler; ultrasound and computed tomography studies of the porta-hepatic circulation excluded vascular obstruction. A liver biopsy was postponed until his deranged clotting was corrected. *Schistosomiasis* was considered as a possible diagnosis, in view of his previous residence and markedly raised total serum IgE: 2500 kU/l (NR <130). Examination of stool specimens revealed the characteristic ova of *Schistosoma mansoni* and high levels of serum antibodies to *S. mansoni* were subsequently detected by enzyme immunoassay. Endoscopic sclerotherapy was used to sclerose his bleeding varices and he was commenced on Praziquantel, a highly effective antischistosomal drug.



Case Figure 2.10 Characteristic ovum of *Schistosoma mansoni* (with laterally placed spine).