

Bilharzial endocervical polyp

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ABSTRACT

Schistosomiasis still represents a major threat to women's health in many developing countries. The frequency in developed countries is increasing among immigrants and tourists who have a history of freshwater exposure in endemic areas. This is a case of 43-year-old immunocompetent Egyptian woman presented by abnormal vaginal bleeding. The gynecological examination revealed an endocervical polyp measuring 3 x 2 x 1 cm. Polypectomy was done. Histopathological examination revealed several granulomas containing viable eggs of *Schistosoma haematobium*. Schistosomiasis is rarely presented with endocervical polyp. In developing countries, schistosomiasis may be considered in differential diagnosis of patient with endocervical polyp.

KEY WORDS: Bilharziasis, endocervical polyp, polyp

INTRODUCTION

Schistosomiasis is the second most common human parasitic infection following malaria. It is estimated that more than 200 million people worldwide have schistosomiasis.^[1,2] *Schistosoma haematobium* infection involves mainly the urinary system. However, egg deposition can occur in any pelvic organ leading to the so-called ectopic localizations. Female genital schistosomiasis is defined as the presence of ova and/or a characteristic pathology in reproductive organs.^[3] This can be explained on the basis of porto-systemic venous anastomosis at the level of ano-rectalis plexus and perivesical plexus from where they can enter the uterine and vaginal veins.^[4] Genital schistosomiasis may affect up to 50% of women in highly endemic areas.^[2] The first reported case of FGS, described by Madden^[5] in Egypt (1899), was in the vagina.

CASE REPORTS

A 43-year-old Egyptian female presented with abnormal vaginal bleeding. The patient was immunocompetent. On colposcopic examination, cervical polyp measuring 3 x 2 x 1 cm was noted, for which polypectomy was done. Grossly, the polyp was soft. Histological examination revealed intact endocervical epithelium with underlying multiple granulomas [Figure 1]. These are composed of epithelioid histiocytes, lymphocytes, numerous eosinophils, and multinucleated giant cells. The center of each granuloma showed ova containing miracidium. The ova had terminal spines, characteristic of *Schistosoma haematobium* [Figure 2]. The diagnosis proposed was Bilharzial endocervical polyp.

DISCUSSION

Schistosomiasis still represents a major threat to women's health in many developing countries. The frequency in developed countries is increasing among immigrants and tourists who have a history of freshwater exposure in endemic areas.^[6]

Clinically, the most common sites of female genital schistosomiasis are the cervix, the

fallopian tubes, and the vagina. However, in autopsy specimens, Bilharzial eggs are found commonly in the ovaries, uterus, and vulva.^[1,4]

Cervical schistosomiasis is associated with a wide range of clinical symptoms as well as wide spectrum of colposcopic appearance. The patient may present by pain (dysmenorrhoea, lower abdominal pain, and dyspareunia), bleeding (menorrhagia, post-coital bleeding, and intermenstrual bleeding), or leucorrhoea.^[3] On colposcopic examination, cervical schistosomiasis may show cauliflower-like growths, nodular hypertrophy, ulcerative, and polypoid lesions, and so-called sandy patches.^[7]

Microscopically, cervical schistosomiasis has two patterns. Type A pattern occurs around sites of viable egg deposition and is formed of intense inflammatory reaction of plasma cells, lymphocytes, eosinophils, and macrophages. This pattern is noted in our case. Type B pattern occurs mainly around non-viable eggs or calcified shell fragments. It is formed of a fibrous connective tissue reaction with a minimal cellular infiltrate. In both types, ova are predominantly located at the ecto-endocervical junction.^[7,8]

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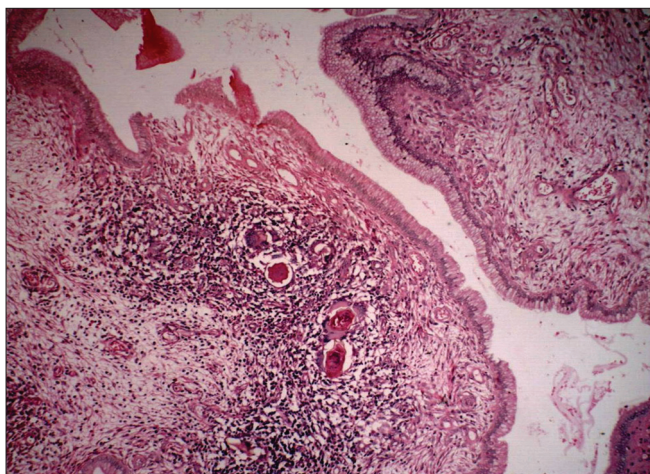


Figure 1: Bilharzial endocervical polyp: Endocervical epithelium with underlying multiple Bilharzial granulomas (Hematoxylin-eosin, ×100)

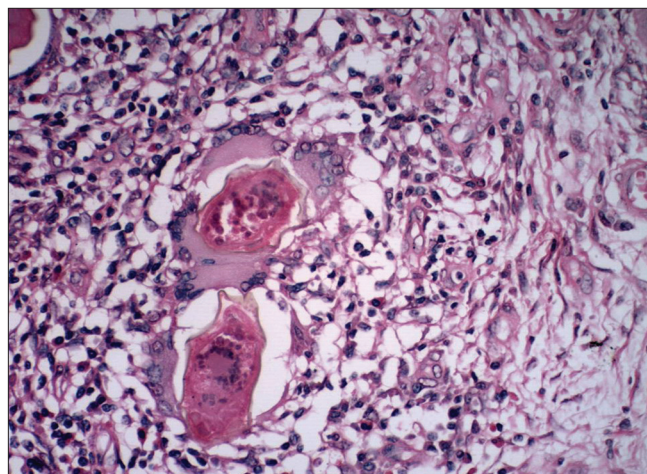


Figure 2: Bilharzial granuloma: Epithelioid histiocytes, eosinophils, and multinucleated giant cells engulfing Bilharzial ova (Hematoxylin-eosin, ×400)

Cervical schistosomiasis is considered a risk factor for infection by the sexually transmitted diseases. Recent studies suggest a significant role in modifying the natural history and immunological response to those infections, especially human immunodeficiency virus (HIV), and human papilloma virus (HPV).^[7,9]

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