Images in Clinical Tropical Medicine

An Ethiopian Woman with an Incidental Finding During a Cesarean Section

Regev Cohen* and Igor Igov

The Ruth and Bruce Rappaport Faculty of Medicine Technion, Infectious Diseases Unit, Sanz Medical Center, Laniado Hospital, Netanya, Israel;
Surgery Department, Sanz Medical Center, Laniado Hospital, Netanya, Israel

Abstract. This patient shows a rare phenomenon of schistosomal ova deposition on the serosal side of the small bowel without any pathology seen on the mucosal side of the small and large bowels. The patient was diagnosed accidentally during an elective cesarean section, when small nodules were seen on the small bowel surface.

A 26-year-old human immunodeficiency virus (HIV)-negative woman of Ethiopian descent was admitted for an elective cesarean section. During the operation, multiple nodules were noticed on the serosal surface of the small bowel (Figure 1). An excisional biopsy of a nodule showed granulomatous inflammation with eosinophils around an egg (Figure 2).

The patient immigrated to Israel 15 years before admission and was asymptomatic, except for mild chronic constipation and episodic dysuria. She denied hematuria, hematochezia, abdominal pain, tenesmus, and documented urinary tract infections. She could not recall an episode of rash or fever (representing Katayama fever). Physical examination and laboratory studies were normal, except for significant persistent eosinophilia of up to 2,200 cells/ μ L. Serology tests (immunoblot and FAST enzyme-linked immunosorbent assay [ELISA] in-house tests; Centers for Disease Control and Prevention) for *Schistosoma mansoni* were positive. Ultrasonography study of the abdomen was normal. Repeated stool examinations for ova were negative, and colonoscopy study was normal. Direct examination of rectal snip and terminal ileum biopsies were negative for ova, and pathology showed normal mucosa. Praziquantel was administered without side effects.

Peritoneal schistosomiasis is a rare, albeit under-reported phenomenon, which has been described with all three species of the parasite. It can be asymptomatic, like in the case pre-

FIGURE 1. Multiple nodules on the surface of the small bowel.

FIGURE 2. A granulomatous eosinophilic inflammation surrounding a Schistosomal ovum (H&E, 400 $\times$).

sented, or cause ascites, weight loss, constipation, and infertility.¹ Ova can reach the peritoneum by migration through the vessel wall or bloodstream embolization. Invasion can also occur through the fallopian tubes in cases of genital schistosomiasis.² Ova located on the serosal side of the small bowel, especially with the absence of any pathology in the mucosal side of both the small bowel and the rectum, is unique.

Received January 8, 2014. Accepted for publication July 14, 2014.

Authors' addresses: Regev Cohen, The Ruth and Bruce Rappaport Faculty of Medicine Technion, Infectious Diseases Unit, Sanz Medical Center, Laniado Hospital, Netanya, Israel, E-mail: regevco@gmail.com. Igor Igov, Surgery Department, Sanz Medical Center, Laniado Hospital, Netanya, Israel, E-mail: igorig@laniado.org.il.

This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

REFERENCES

1. Spicher VM, Genin B, Jordan AR, Rubbia-Brandt L, Le Coultre C, 2004. Peritoneal schistosomiasis: an unusual laparoscopic finding. *J Pediatr Surg* 39: 631–633.
2. Lambertucci JR, Villamil QT, Savi D, Dias IC, 2009. Genital schistosomiasis mansoni: tubal tumor and parietal peritoneum involvement diagnosed during laparoscopy. *Rev Soc Bras Med Trop* 42: 583–586.

*Address correspondence to Regev Cohen, The Ruth and Bruce Rappaport Faculty of Medicine Technion, Infectious Diseases Unit, Sanz Medical Center, Laniado Hospital, 16 Divrei Haim Street, Kiryat Sanz, Netanya 42150, Israel. E-mail: regevco@gmail.com.