

Incidental schistosomiasis in a case of carcinoma cervix

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Abstract

Although schistosomiasis usually involves the urinary tract, however schistosomiasis of genital tract is infrequently encountered. There has been strong evidences that schistosomiasis of the bladder predisposes to carcinoma of that organ. However, there is no association between schistosomiasis and cervical carcinoma. We describe a 61year old patient of carcinoma cervix with incidental finding of schistosoma worms in pelvic venous plexus.

Keywords: Schistosomiasis, Carcinoma cervix, Parasitic infestation.

Introduction

Schistosomiasis is one of the oldest known parasitic disease caused by infection with trematode worms of the genus *Schistosoma*. It usually involves the urinary tract, however schistosomiasis of genital tract has also been commonly described.

Short Communication

Schistosomiasis is a human disease, commonly caused by infection from one of the three species of parasitic trematodes of the genus *Schistosoma*. Of the three schistosomes of most medical importance, the majority of female genital tract schistosomiasis is caused by *S.hematobium*. The organs involved can be cervix, vulva, fallopian tubes and ovary.¹ It may affect any component leading to infertility, low premature infant birth weight, ectopic pregnancy, spontaneous abortion, possibly cervical cancers, cervical lesions and probably plays role in increasing susceptibility to HIV/AIDS.²

As *S. hematobium* infection commonly involves the lower urinary tract, the presence of schistosomal ova in the urine is a diagnostic finding. We describe a 61 year old female patient of carcinoma cervix with incidental detection of schistosoma worms in pelvic venous plexus. The urine examination was negative for schistosomal ova.

The index case had undergone Wertheim's hysterectomy for carcinoma cervix. A diagnosis of large cell keratinizing squamous cell carcinoma of cervix was made. The right as well as left pelvic nodes were all are free of tumor however there was incidental detection of schistosoma worms in pelvic venous plexus. All the sections from uterus, cervix, adnexae, vagina were re- examined however no evidence of schistosomiasis was found in all organs. Her subsequent urine sample was also found to be negative for schistosomal ova.

Many studies in literature evidence that *S.hematobium* is correlated to squamous cell carcinoma of the urinary bladder, a relatively uncommon vesical

cancer in non-endemic areas. Several cases of cervical carcinoma associated with schistosomiasis have also been reported in the literature.³ However there is now evidence indicating no association between cervical carcinoma and schistosomiasis.⁴

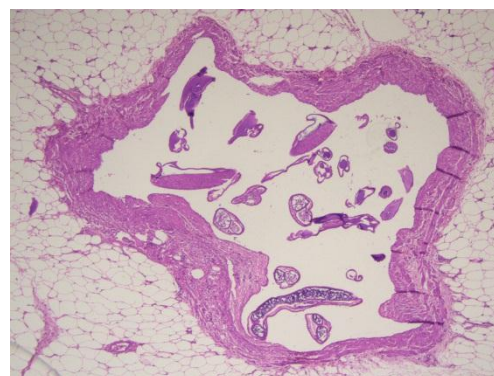


Fig. 1: Schistosoma worm in the pelvic vein. (X100)

Hence, in view of no association between the two and also the absence of infection in genital tract in the index case, we conclude that it was an incidental detection in a case of carcinoma cervix.

Conflicts of Interest: The report has not been presented or submitted elsewhere fully or in part.

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