Colorectal Schistosomiasis:
Clinicopathologic Study and Management*

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SCHISTOSOMIASIS IS a major health problem that has been estimated to affect between 100 and 200 million people. It constitutes a real menace and scourge to many countries.

The disease has assumed importance due to the relative failure in its epidemiologic control and the difficulty of its chemotherapy.

Colonic schistosomiasis due to Schistosoma mansoni is very common in Egypt; a number of patients with heavy colonic infestation do not seem to respond adequately to chemotherapeutic regimens and constitute a growing patient population where surgical treatment of the colonic manifestations of the disease seems to be the only available therapeutic modality.

The aim of this study is to shed more light on this problem.

Material and Methods

Forty patients with colonic schistosomiasis referred to the surgical unit after failure of medical treatment during 1977 and 1978 were included in this study. There were 38 men and two women, ranging in age from 17 to 45 years, with an average of 24 years. Each patient was evaluated by a detailed history and physical examination, routine laboratory workup, sigmoidoscopy, barium-enema studies, and histologic diagnosis by rectal biopsies.

Most patients were referred because of failure to control the severe dysenteric symptoms by medical treatment; three patients were referred because of manifestations of intestinal obstruction and two, acute abdominal conditions. The symptoms and signs of the patients are shown in Table 1.

In the three patients with intestinal obstruction, the cause was due to strictures in the sigmoid in two, and rectum in one patient (Fig. 1A). Two patients presented with cecal involvement, one as cecocolic intus-
moidectomy with no leakage from the anastomotic site. The transverse colostomy was closed on the average of one month after colectomy.

In all the previous patients, the rectal polyps were removed from the open rectal stump abdominally prior to anastomosis.

In one patient, cecostomy was done at the same time as the colectomy, a severe leak occurred from the anastomosis and the patient died from peritonitis.

A trial of removal of the polyps by colotomy was attempted in five patients. In two cases the polyps were localized to a short segment of the sigmoid colon; colotomy without a defunctioning transverse colostomy was done. Leakage occurred in one patient. In the three other patients colotomy was tried because the sigmoid and descending colon were cemented in a large fibrofatty mass; they all had transverse colostomy and none developed leakage.

Right hemicolectomy has been performed on two patients, one presenting as an intussusception due to a cecal schistosomal mass and the other simulating acute appendicitis. In the latter case the appendix was normal, but a mass was found involving the cecum and was diagnosed as a carcinoma of the cecum. At a second operation right hemicolectomy was done and the histologic report was schistosomal infiltration of the cecum with no evidence of malignancy.

One patient had massive splenomegaly, esophageal varices with a history of hematemesis and polyposis of the sigmoid; left hemicolectomy, splenectomy, and decongestion were done simultaneously, and the patient died from hepatic failure.

Left iliac colostomy was done for one patient with severe diffuse narrowing of the rectum and lower sigmoid with huge perirectal and lower sigmoid masses, leading to frozen pelvis. The condition improved markedly following the colostomy.

Pathologic Study of Resected Specimens: The resected colonic segments showed an edematous markedly thickened wall, hypertrophied turgid and