

Female Genital Schistosomiasis

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Abstract: 'Female Genital Schistosomiasis', 56 million girls are affected. It is also known as Snail Fever or Bilharzia. Trematode or Snail Fever Infection's Suspection begins with history of travel to endemic countries, fresh water bodies, eating habits, without taking proper safety precautions. Its diagnosis is based on stage of parasite in excreta, sputum, tissue samples, and serology test. Treatment in acute care needs is glucocorticoid treatment, supportive measures, once acute phase is treated; specific chemotherapy is given for parasite elimination. The drug has been Praziquantel. Which is the only drug available now and therefore resistance could develop with time, the need of research and proper training to the physician; nurses must be given at primary health care system. As it one of the Neglected Tropical Disease.

Keywords: Parasitic Worm, Female Genital Schistosomiasis, Bilharzia, Preventive Chemotherapy, Primary Health Care, Acute Schistosomiasis, Blood Flukes, Trematode Infection, Mass Education, Praziquantel

1. Introduction

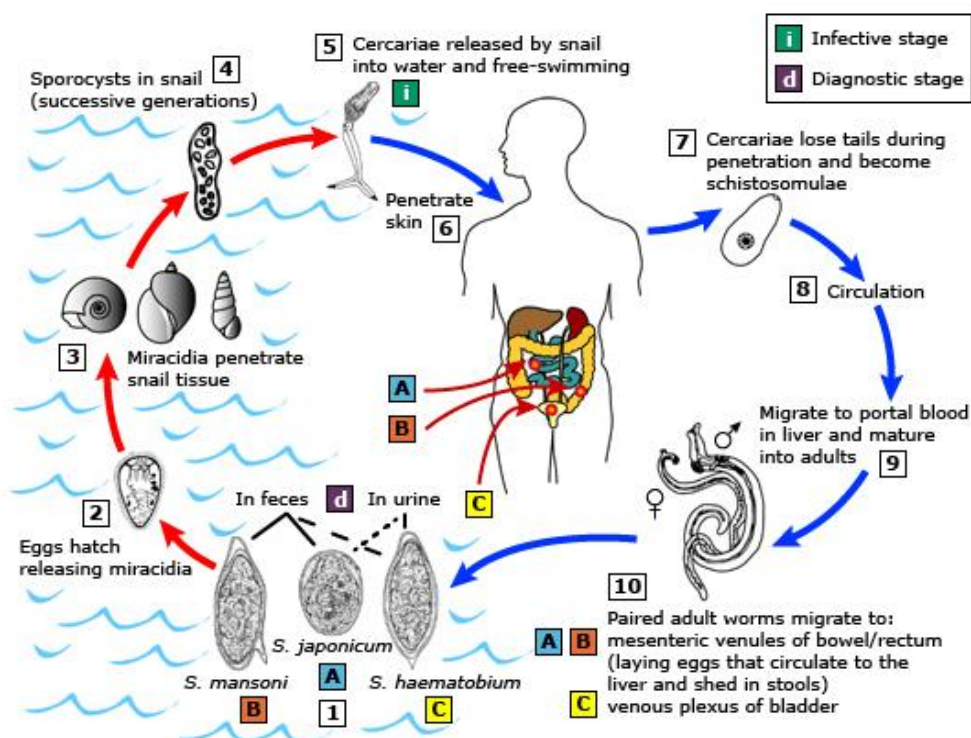
Schistosomiasis or Bilharzia Is caused by FGS infection with fresh parasitic worms in certain tropical subtropical countries. 105.4 million approximate require treatment for

schistosomiasis. 236.6 million are at risk of schistosomiasis in 2019 year. 24072 to 20,0000 globally per year death due to schistosomiasis. Schistosomiasis is prevalent in 78 cases and preventive chemotherapy. Is available in 51 countries. 44.5% people require treatment in the year 2019.



Schistosomiasis is a neglected tropical disease and caused by parasite worm (blood flukes, trematode) called schistosomiasis or Bilharzia. It acute as well as chronic disease. Schistosomiasis haematobium / FGS are more found in Middle East Corsica (France). It is transmitted by skin

contact with infested fresh water; the eggs which are deposited in the organs from some eggs are excreted. When patients suffering from schistosomiasis contaminate freshwater sources with their excreta containing parasite eggs which in water.

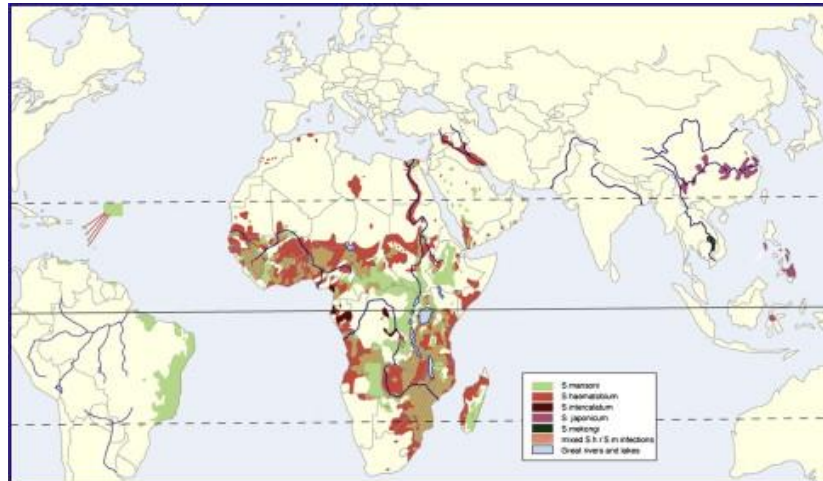


Volume 11 Issue 7, July 2022

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- Human schistosomiasis is caused by 5 species of the parasitic trematode
- Genus schistosomiasis - the intestinal species
- schistosomiasis mansoni -
- schistosomiasis japonicum
- schistosomiasis mekongi
- schistosomiasis intercalatum - the urinary species
- schistosomiasis haematobium - FGS
- schistosomiasis – avian species
- Schistosomiasis has been managed well by the countries mentioned here Brazil, Cambodia, China, Egypt, Mauritius, Islamic Republic of Iran, Oman, Jordan, Saudi Arabia, Morocco, Tunisia, etc.
- A stringent policy by government is not yet made by the mentioned countries Burundi, Burkina, Faso, Ghana, Niger, Rwanda, Sierra Leone. Togo, The United Republic of Tanzania, Yemen, And Zimbabwe.



Acute Schistosomiasis or Katayama Fever

H. Schistosomiasis is also called human carcinogen, 80% kids suffer from schistosomiasis infection, dysuria, hematuria, Urine sample shows blood, albumin, bacteria, sediment, cellular metaplasia, eventually as infection progresses granulomatous undergo fibrosis which results in typical sandy patches visible in cystoscopy. Carcinoma association between squamous cell carcinoma. it is detect in young age groups



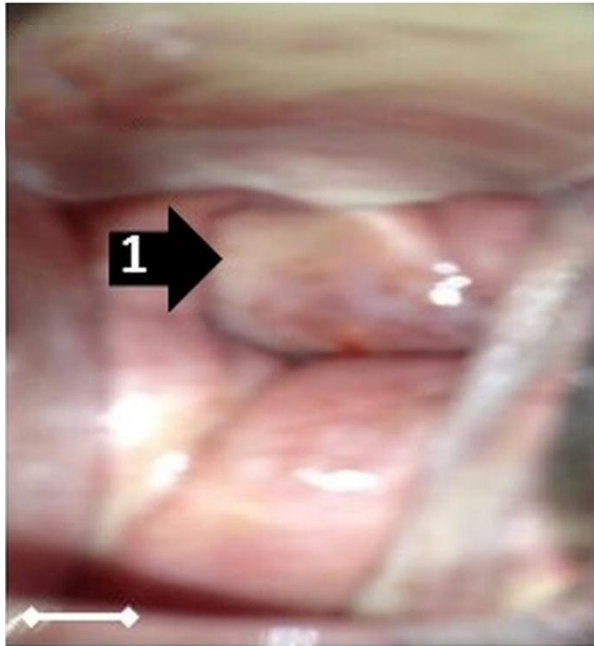
Differential diagnosis: -

- Dengue Fever, - Viral
- Enteric Fever, Leptospirosis – Bacterial
- Rickettsial
- Malaria - Protozoal
- Miliary Tuberculosis
- Visceral Leishmaniasis
- Ethonal Abuse
- Bacterial Cystitis
- Urinary Stones
- Malignancy

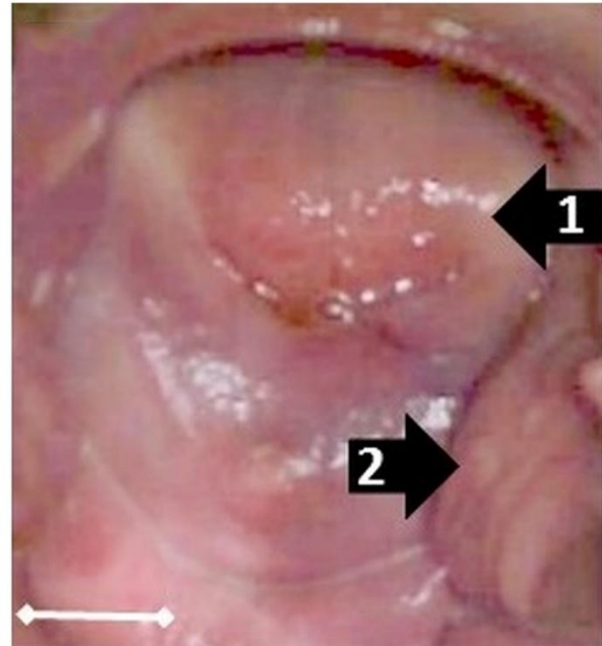
Patients with symptoms of FGS Are treated by primary health care such as malodorous discharge, spotting, pain and incontinence in renal area;

- Symptoms: - being vaginal and bloody discharge, pelvic pain, bleeding after intercourse, spotting, genital itching, burning sensation.
- Diagnosis: -
- females with urogenital symptoms and had contact with freshwater must be considered
- Clinical finding: identify by doing PAP SMEAR
- Visual inspection: of lesions on the cervix and vaginal wall Acetic acid programme or by speculum examination, visualization can be improved by using digital camera, or colposcope
- Lab diagnosis are not sufficient
- High level peripheral blood eosinophilia
- Positive serologic assay for schistosomiasis antibodies
- Falcon assay screening test or enzyme linked immunosorbent assay - fast – elisa
- Confirmatory enzyme linked immunoelectrotransfer blot – eitb, both test are 96% specific and highly sensitive.
- Examination of stool or urine for ova may yield positive results. S Haematobium, urine may be examined by microscopy of sediment or by filtration of a known volume through nuclepore filters.
- Complication: - being bleeding during examination i.e. contact bleeding, infertility, abortion or ectopic pregnancy, involuntary urination when cough, laugh or jump, genital ulcers, tumors and swelling.
- Other complications: - anemia, stunted growth, abdominal cramps, learning difficulties and school absence

A



B

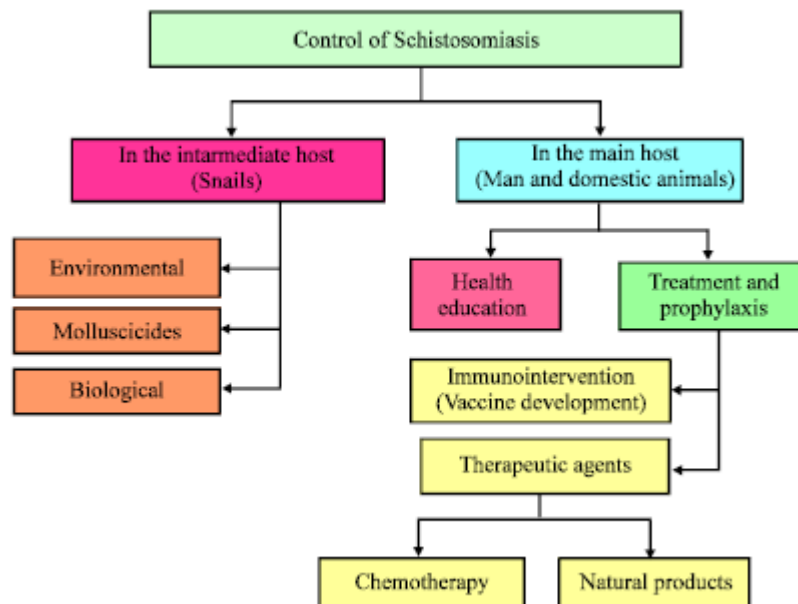


2. Conclusion

Currently this disease is managed by public health officials and stakeholders in neglected tropical disease control programme. schistosomiasis control should be done by decreasing disease through periodic and large number of population treatment with praziquantel. And including portable water adequate sanitation and snail control would be helpful. patients who had visited the same source of water maybe infected should be administered with mass drug administered to prevent further spread. FGS high prevalence is important to rule out pre operativity and avoid unnecessary radical surgery and misdiagnosis of sexual transmitted infection, HIV. Transmission of the disease

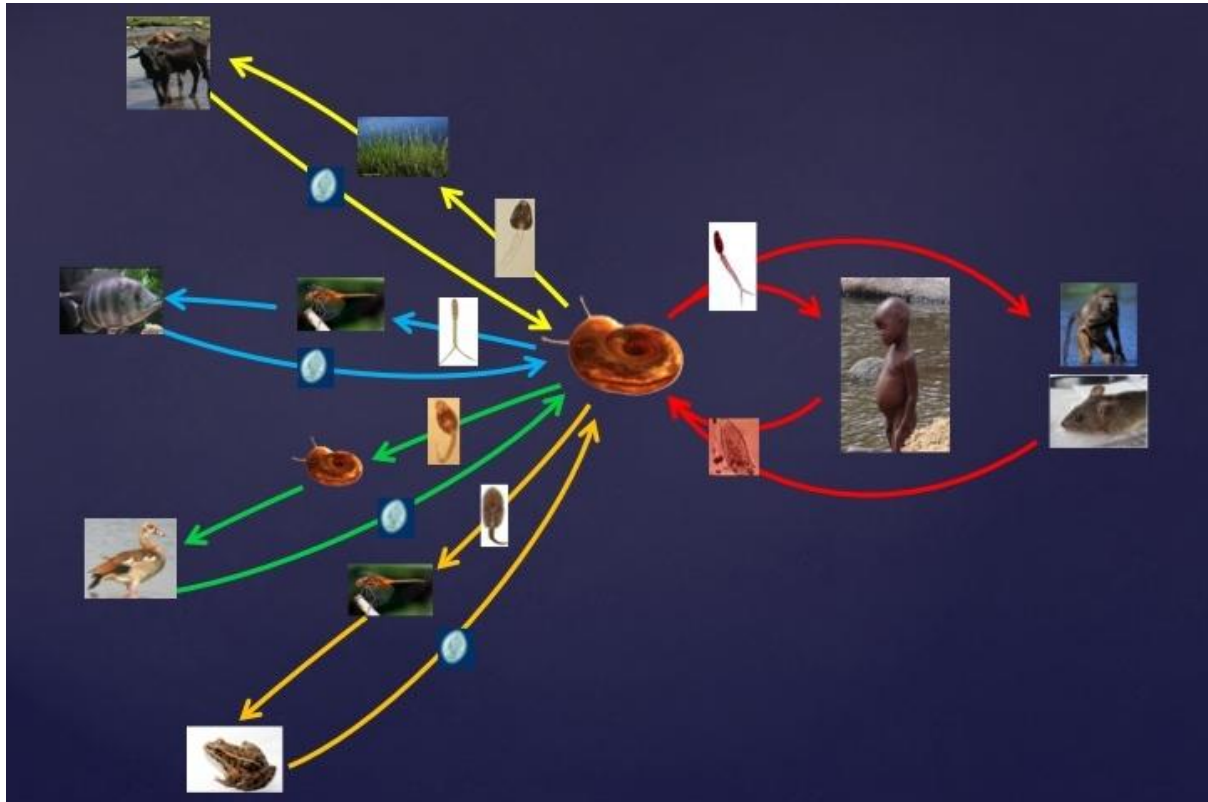
occurs Infection is spread through larval form of parasite released by freshwater snails penetrate the skin during contact with infested water. When patients suffering from schistosomiasis contaminate freshwater sources with their excreta containing parasite eggs which in water.

The economic and health effect of schistosomiasis are considerable as the disease disables more than kills. Doctors and clinicians are not trained in detecting FGS as it is not described in books, it is underdiagnosed or misdiagnosed as cancer or sexually transmitted disease or Urogenital complaint



Transmission of schistosomiasis is dependent on human

- Behaviour, since the distribution of the infections in endemic regions of the world not clearly demarcated, it is prulent for traveller
- Residents of these use fresh water bodies for sanitary,
- Anti schistosomiasis chemotherapy should be used
- Domestic, recreational and agricultrual purposes.
- Prevention and control like molluscicides, provision of sanitary water, sewage disposal, chemotherapy, and health education. Domestic
- The management in endemic countries of schistosomiasis is early detection and mass emphasis on multiple approaches, with advent oral, safe and effective antischistosomal agent. Vaccine is the last option to be made available



References

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