

LECTURE (6) **SCHISTOSOMIASIS**

OBJECTIVES:

^聲 Not given

Done by: Hessah Alshehri

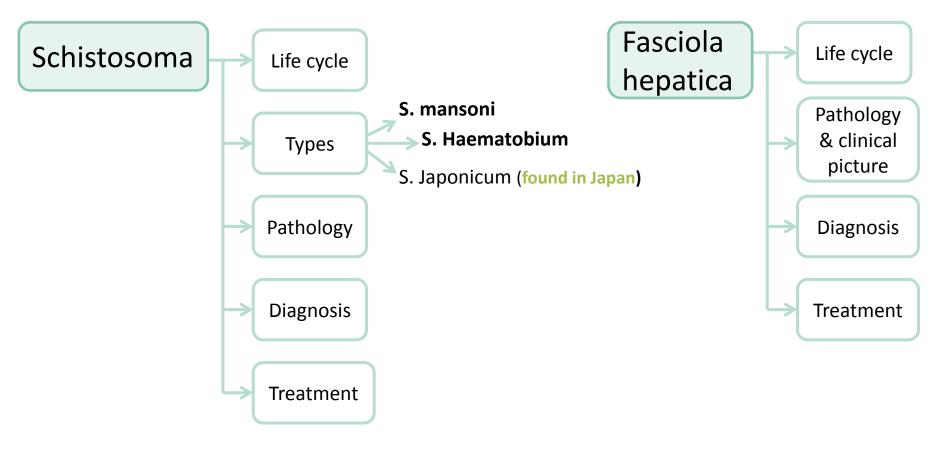
Reviewed by : khalid alosaimi

Very important Additional information

Male doctor's notes Female doctor's notes



MIND MAP (TREMATODES)



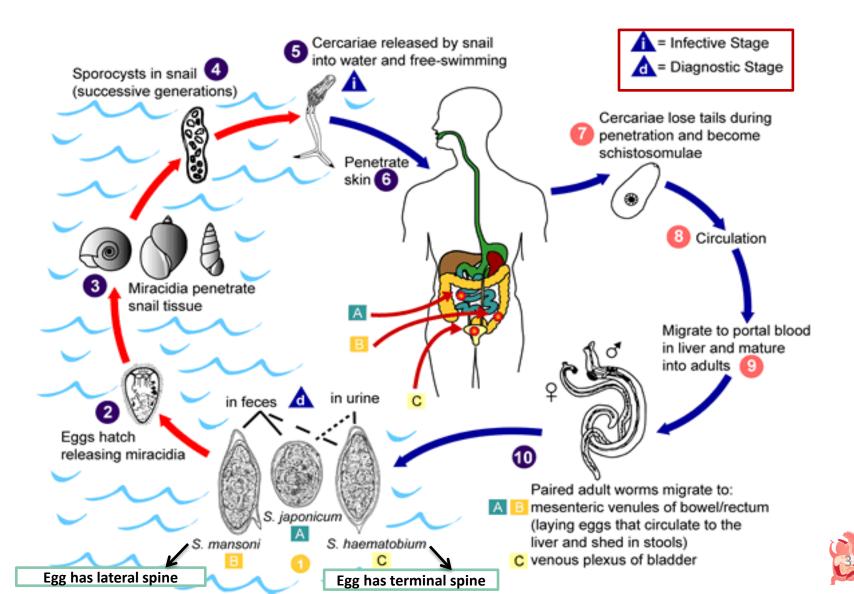


Trematodes have leaf-like shape

LIFE CYCLE OF SCHISTOSOMA

MICROBOILOGY

TEAM 432





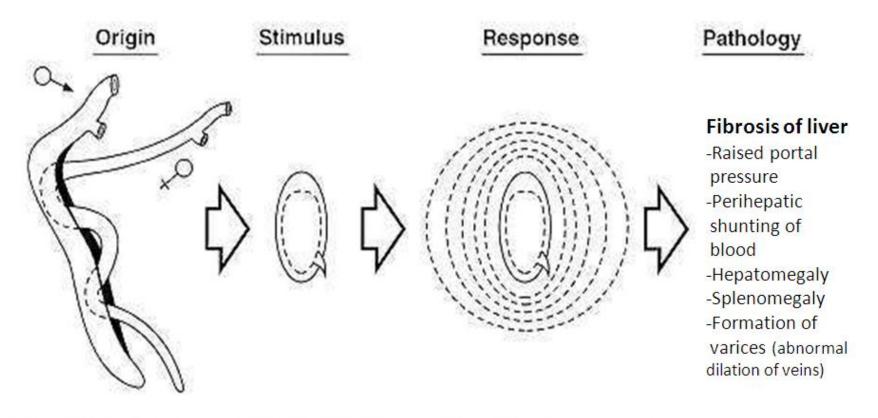
SUMMARY OF LIFE CYCLE OF SCHISTOSOMA

- 1) Eggs pass in stool/urine (diagnostic stage)
- 2) & then hatch into miracidia in the contaminated water.
- 3) Miracidia penetrate snail (intermediate host) tissue & mature into cercariae.
- 4) Cercariae are released in water, & then penetrate human skin. It loses its tail during penetration of the skin (infective stage).
- 5) Cercariae enter the blood circulation as schistosomulae & migrate to portal blood in liver & mature into adults.
- 6) Adult worms migrate to:
- → Mesenteric venules of bowel/ rectum & their egg circulate to the liver & shed in stool.
- →Or to the venous plexus of the bladder (S. haematobium), & their egg will be in urine.





PATHOLOGY OF 5. MANSONI



Adult schistosomes in blood vessels around small intestine Eggs laid by female are carried in blood vessels and trapped in **liver** Hypersensitivity to antigens of larva inside egg cause formation of **granuloma**. Liver sinusoids become **blocked, impeding blood flow**





PATHOLOGY OF SCHISTOSOMIASIS

	S. haematobium	S. mansoni
Lead to	Urinary schistosomiasis	Intestinal schistosomiasis
Prepatent period*	10-12 weeks	5-7 weeks
Egg deposition & extrusion	 painless haematuria. Inflammation of bladder & burning micturition. CNS involvement. 	 1.dysentery (blood & mucus in stools), 2.hepatomegaly splenomegaly 3.CNS involvement
Tissue proliferation & repair (complications)	 Fibrosis, papillomata** in the bladder & lower ureter leading to obstructive uropathy. Periportal fibrosis. Lung & CNS involvement. 	 Fibrosis, Papillomata in intestine. Periportal fibrosis, hematemesis. Lung & CNS involvement.

* Before the appearance of symptoms.

**A small benign epithelial tumor, such as a wart.

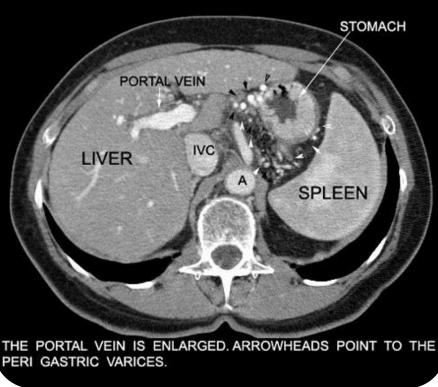


SYMPTOMS



Schistosome dermatitis (swimmers itch) occurs when skin is penetrated by a freeswimming, fork-tailed infective cercaria.

PORTAL HYPERTENSION



CT scan showing Portal hypertension in chronic schistosomiasis



MICROBOILOGY

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Hepatosplenomegaly in chronic schistosomiasis





DIAGNOSIS OF SCHISTOSOMIASIS

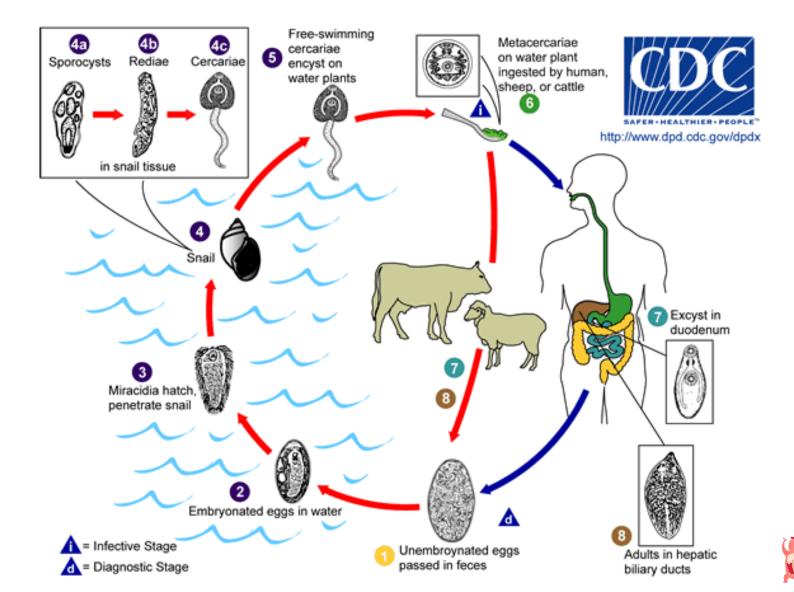
	S. haematobium	S. mansoni
Parasitological	Examination of urine	Examination of stools
Immunological	Serological tests	Serological tests
Indirect	-Radiological -Cystoscopy	-Radiological - <mark>endo</mark> scopy







LIFE CYCLE OF FASCIOLA HEPATICA





SUMMARY OF LIFE CYCLE OF FASCIOLA HEPATICA

- 1. Unemberyonated eggs passed in feces (<u>diagnostic stage</u>) & contaminate water.
- 2. Miracidia hatch & penetrate snail's tissue (intermediate host) developing into cercariae.
- 3. Free swimming cercariae encyst* in water plants.
- 4. Metacercariae on water plants ingested by humans, sheep or cattle (<u>infective</u> <u>stage</u>).
- 5. Metacercariae encyst in the duodenum, & get transmitted to the liver & bile duct.
- 6. Adults grow in the liver & produce eggs, which appear in stool.

Watercress is a one means of transmission of fascioliasis.



Eradication of the disease is by eradication of snails.



*to become enclosed in a cyst.



FASCIOLA HEPATICA

Pathology & clinical picture :

- True infection causes mainly biliary obstruction & liver damage .
- False (spurious) infection is when eggs are eaten in infected animal liver (even if the liver is cooked) & passed in stools.

Diagnosis: eggs in stools or duodenal aspirate.

Treatment: Triclabendazole.







1- What is the diagnostic stage of schistosomiasis?

- A- Cercariae
- B- Miracidia
- C- Eggs in urine or stool
- D- Adult worm

2-which one of the following can cause hepatosplenomegaly?

- A-S. haematobium
- B- Fasciola hepatica
- C-S. mansoni

3- What is the drug of choice of fascioliasis?

- A-Tetracyclin
- B- Triclabendazole
- C- Praziquantel

Answers: 1-c C 2- cC 3-B B

FOR ANY SUGGESTIONS AND PROBLEMS PLEASE CONTACT:

MICROBIOLOGY TEAM LEADERS KHALED ALOSAIMI AND JOHARAH ALMUBRAD MICROBIOLOGY432@GMAIL.COM

