

Genital Schistosomiasis in Angolan Patients: Retrospective Analysis

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Urogenital schistosomiasis caused by *S. haematobium* (a blood fluke) has been recorded in Africa, the Middle East, and Corsica (France) [1]. In Europe, this disease, had already been recorded in Portugal, where several foci have occurred in the Algarve - Southern Portugal [2,3]. The risk of expansion of this disease in the European continent has to be considered, since new localization of intermediate hosts of *S. haematobium* have been recorded [4,5].

Schistosomiasis is contracted when cercariae (infective stage for humans) are liberated from the freshwater snails (intermediate hosts) and penetrate the skin of anyone that is in contact with infected water (bath, domestic activities, fishing, etc.). The cercariae, after penetration change in appearance to become in new stage known as a schistosomulum. These migrate and develop into mature adult schistosome worms, their habitat being inside blood vessels, namely the veins of the vesical plexus, although some parasites may live in the portal vein and its mesenteric branches. Oviposition normally occurs in the small terminal venules of the vesical plexus, but occasionally in the rectal venules, the mesenteric portal system and ectopic sites. Ectopic migration of the *S. haematobium* adults and oviposition can occur anywhere in the body, resulting in a variety of lesions [6]. Effectively, *S. haematobium* eggs are frequently found in the female genital tract [7], and they were also found at autopsy, in the vas deferens, prostate gland, scrotal skin, pampiniform plexus and epididymis [8,9].

In one study the authors observed that even in the absence of urinary ova excretion, 23-41% of women have been found to suffer from genital schistosomiasis [10]. Genital schistosomiasis due to eggs of *S.*

haematobium in the reproductive organs, is quite common but mostly occult in some endemic areas and a regular finding in travelers. Lesions of the ovaries and the Fallopian tubes can lead to infertility.

Infertility due to genital schistosomiasis was reported in women [11,12]. Other authors have reported vaginovesical fistula [13], and infertility and subfertility in women [14,15], and in man, infertility and scrotal swellings [16].

As to Angolan patients, genital schistosomiasis has been found associated with: (i) infertility in one woman [12]; (ii) prostate cancer [17].

In conclusion, we can say that in Angola, where schistosomiasis is endemic, [18] genital schistosomiasis deserves special attention. Concerted actions in detecting the disease, its treatment and prevention have to be included in the group of actions with priority for disease control, and in the training of people in the health services for realization of those actions. In a general context and more recently, the necessity of concerted actions against this neglected gynaecological disease was referred to by Christinet [15].

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