Schistosomiasis mansoni and the subsalt layer

A esquistossomose mansônica e a questão da camada do pré-sal

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The management and the use of resources calculated as a possible outcome from the exploitation of oil and refined products from the subsalt layer along the Brazilian coastline has fueled ample discussion in the media. Politicians, authorities, specialists and even the laymen are making wild forecasts. Some alarmists foresee the Brazilian economy becoming totally dependent on a single commodity in the future, accommodating its hopes and dreams in a finite wealth following the example of so many known cases in the world scenario. The most hurried ones anticipate an oil cornucopia solving all our problems. And the government has a head start on the race, rushing to create a new state-owned corporation to take care of the vast amount of money that is expected to flow from the newly found oil fields deep in the ocean. It all reminds us of a classical case of "frying the eggs before the chicken has had the time to actually lay them".

We, professionals in the medical community, can only feel sorry that all this anticipation and planning capacity find no equal energy in the public health industry. Isn't health as strategic as oil, or perhaps even more so, to a nation? Doesn't it deserve the same or even more attention from everyone?

Amongst the many avoidable health issues affecting our country, some have reached alarming proportions a long time ago, and remain so. This is the case with schistosomiasis mansoni. It is estimated that this parasitic disease affects a population calculated between 8 and 18 million individuals in Brazil.

Some Brazilian institutions and study groups present research projects and studies investigating the aggressive stages of this disease. This is the contribution of our community in understanding its action and helping in the fight against it.

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Many complications associated with schistosomiasis are related to periportal fibrosis and, in our community, the studies by Santos et al.[1] and Scortegagna et al.[2] have investigated the use of ultrasonography in the classification of this fibrosis. The sonographic method may be reliably used in this classification, and these Brazilian studies have added the information that magnetic resonance imaging may contribute in those situations of discrepancy between the sonographic evaluation and the clinical findings of patients with chronic schistosomiasis mansoni. At the same institution, two other research studies bring more information on the role of imaging methods in the investigation this disease. Leão et al.[3] have confirmed that Doppler ultrasonography is a reliable method for quantifying the blood flow in patients with schistosomiasis-related portal hypertension. This is a relevant information, as the literature reports controversial results in relation to Doppler ultrasonography reproducibility in the measurement of flow parameters in these patients. The other study, by Gonzalez et al.[4], confirms the usefulness of ultrasonography in the evaluation of splenic siderotic nodules in patients with schistosomiasis.

The present issue of **Radiologia Brasileira** includes an article approaching alterations in the biliary tree in schistosomiasis mansoni evaluated by magnetic resonance cholangiography[5]. The authors concluded that the alterations observed in the biliary tree were, in decreasing order of frequency, distortion, thinning, stenosis, dilatation and irregularity. The interobserver agreement for signs of schistosomal cholangiopathy at magnetic resonance cholangiopancreatography was nearly perfect for the characterization of biliary tree distortion and thinning, and substantial in the detection of stenosis. The authors present a careful documentation based on their investigation. Ganc showed in 1974 an excellent demonstration of anatomo-radiological correlation in the alterations of the biliary trees in livers from

autopsies[6]. These are Brazilian studies which, like others, reinforce the role of imaging methods in the investigation of severe conditions in our country.

Schistosomiasis mansoni represents a visible disease around us, and it should be known by all. If little is planned or strategically prioritized, it will continue to affect millions of lives. A very concrete reality, quite different from the oil under the subsalt layer, deep under the ocean, which nobody knows, when finally exploited, if it will still have any commercial value or environmental acceptance.

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