

Case Report

Giant schistosomal granuloma mimicking rectum neoplasia – case report

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ABSTRACT: We report the case of a young man from an area where schistosomiasis is endemic, in the state of Pernambuco, who presented with hemorrhage. Initially diagnosed as rectum neoplasia, subsequent investigation demonstrated rectal giant schistosomal granuloma. The diagnoses and clinical aspects of the case are discussed in this study.

Keywords: schistosomiasis; granuloma; neoplasm; rectum; general surgery.

INTRODUCTION

Schistosomiasis mansoni is a chronic infection caused by the direct contact with fresh water that contains cercaria, the larval form of the parasite. The disease is endemic in Brazil, being prevalent in the Northeast region and spread to the West and South; there are serious consequences to the people who are infected¹. Hyperplastic manifestations of schistosomiasis are uncommon and may present in different clinical forms, including the pseudotumoral form. In this paper, we report the case of a rectal schistosomal pseudotumor.

CASE REPORT

A 24-year-old man presented symptoms of constipation for a long period and rectal bleeding for one month. He denied using any type of medication, as well as weight loss, anorexia, hematemesis, jaundice or fever. He comes from an endemic area of schistosomiasis, and did not present with acute suffering.

Physical examination: abdomen was flat, not tender, no masses, no hepatomegalies or splenomegalies. No clinical findings were related to hepatic insufficiency or portal hypertension. His blood tests were normal, except for mild microcytic anemia and eosinophilia. Colonoscopy demonstrated a mass measuring from 3 to 4 cm, bleeding in the anterior rectal wall, 6 cm from the anal margin (Figure 1);

Pathological report showed chronic rectal mucosa inflammation and granulomas consisting of epithelioid cells and some nucleus Langhans giant cells, involving eggs with long lateral spine, which suggested rectal schistosomal granuloma (Figure 2). Patient was treated with praziquantel and colonoscopy after 90 days showed the clinical resolution of the granuloma.

DISCUSSION

The pseudotumoral form of schistosomiasis mansoni has hyperplastic manifestations in which the egg of the parasite (antigen) causes exaggerated response,

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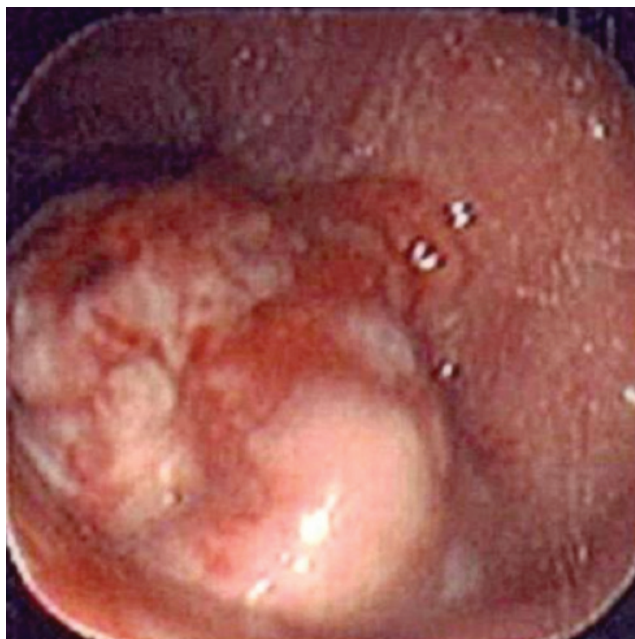


Figure 1. Large and fragile lesion in the anterior rectal wall 6 cm from the anal margin.

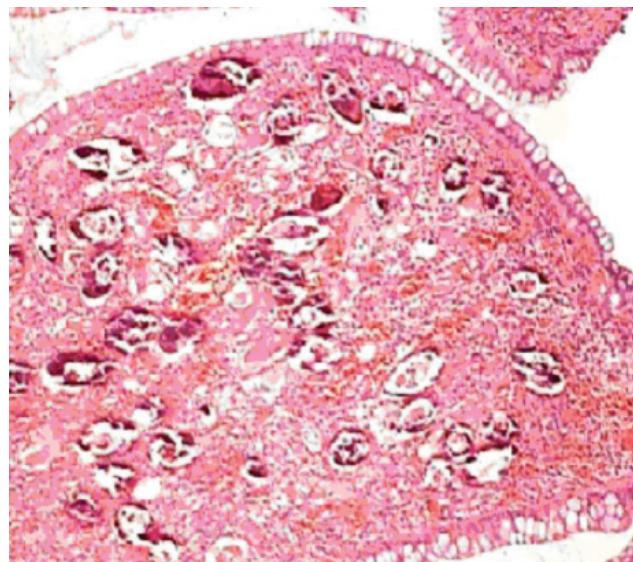


Figure 2. Rectal giant schistosomal granuloma.

with a granulomatous inflammatory reaction². The schistosomal granuloma is the most uncommon type of hyperplastic manifestation³. The incidence in the intestinal form of schistosomiasis are more frequent in the rectum, sigmoid and descending colon. Differential diagnosis of granuloma are adenocarcinoma, sarcoma, polyps, tuberculosis and lymphoma. The chronic disease is caused by a granulomatous inflammation that occurs in response to the deposit of eggs in the tissue⁴.

The clinical presentation of the intestinal form of the schistosomal granuloma may vary from dyspepti-

cal symptoms to schistosomal proctocolitis, abdominal pain, nausea, tenesmus, mucous-bloody diarrhea and transrectal bleeding². Santana and Lima¹ described a schistosomal granuloma of the colon in the descending sigmoid junction, simulating malignant neoplasm. Lantsberg et al.⁵ described the rectal pseudotumor of an Ethiopian man who presented with rectal bleeding and received praziquantel after the disease was diagnosed by a rectal biopsy. The conclusion is that the diagnosis of the pseudotumoral form of schistosomiasis should be considered for patients who come from endemic areas for schistosomiasis with rectal mass. Praziquantel heals 60 to 90% of these patients, and endoscopic findings may induce to a diagnostic error of rectal neoplasm.

RESUMO: Nós relatamos o caso de um homem, jovem, proveniente de uma área endêmica para esquistossomose, no Estado de Pernambuco, e que apresentou hematoquezia. Inicialmente diagnosticado como neoplasia do reto, a investigação subsequente demonstrou um granuloma esquistossomótico gigante do reto. O diagnóstico e os aspectos clínicos do caso são discutidos.

Palavras-chave: esquistossomose; granuloma; neoplasia; reto; cirurgia geral.

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