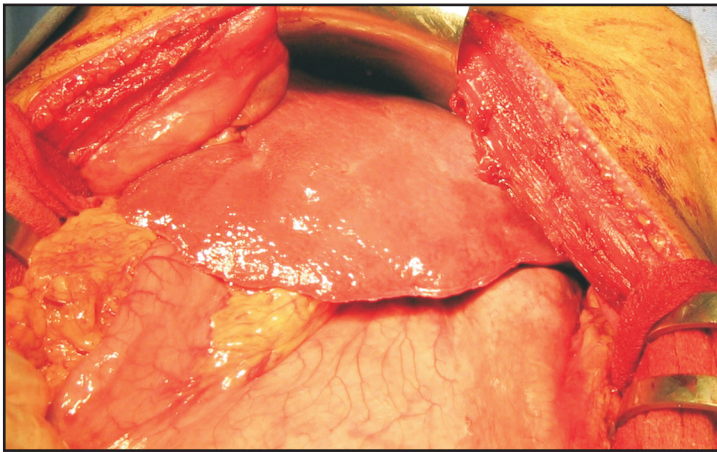


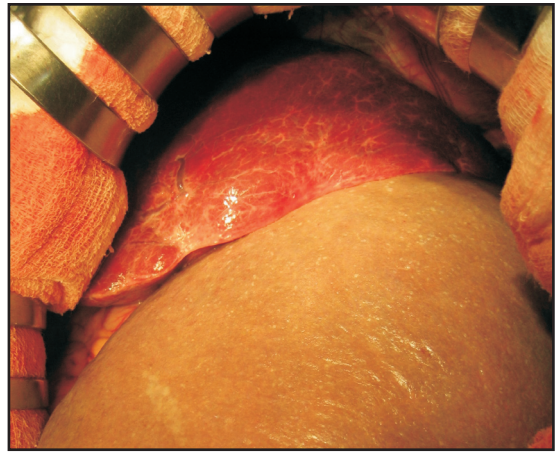
Mild, moderate and intense Symmers's fibrosis in hepatosplenic schistosomiasis mansoni

Fibrose de Symmers leve, moderada e intensa na
esquistossomose mansônica hepatoesplênica

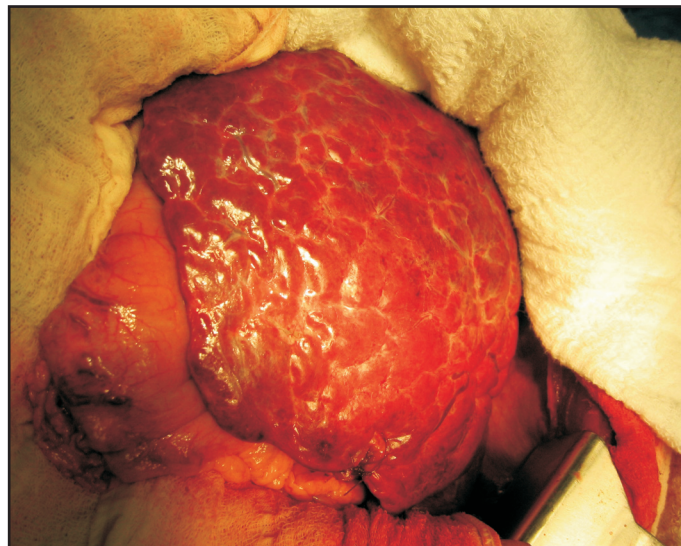
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Three patients with hepatosplenic Manson's schistosomiasis, portal hypertension, splenomegaly and upper digestive bleeding were admitted to hospital for surgical treatment of esophageal varices. The first patient, a 49-year-old man, had had two episodes of digestive bleeding. During surgery, the surface of the liver was seen to be slightly abnormal (**Figure A**). Ultrasound (US) did not show any liver fibrosis, and magnetic resonance (MR) revealed mild fibrosis. Histological analysis showed moderate Symmers's fibrosis. The second patient, a 35-year-old man, presented one episode of digestive tract hemorrhage. During surgery, fibrosis was seen on the surface of the liver (**Figure B**) and the edge of the liver was thin. US and MR showed moderate fibrosis and histological analysis confirmed the presence of moderate fibrosis. The third patient, a 48-year-old man, had had four episodes of digestive hemorrhage. During surgery, the liver surface showed nodulation with clear evidence of fibrosis (**Figure C**). US and MR showed intense periportal fibrosis and the findings were confirmed by histological analysis. The three cases presented here clearly reveal that Symmers's fibrosis is a single entity but that it evolves with differing degrees of fibrosis. In fact, the fibrosis ranged from mild to intense and suggests that portal hypertension is not always associated with the intensity of fibrosis. Assuming that fibrosis is not the only factor responsible for portal hypertension, we must suspect that the intrahepatic vascular damage caused by granulomas is the ultimate reason explaining the portal hypertension in schistosomiasis.

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