

# 79 year old Female with Bloody Diarrhea and Hypovolemic Shock: Keep the Differential Diagnosis Open

Sindhura Inkollu MD<sup>1</sup>, Sindhuja Korem MD, Sukrut Dwivedi MD, Ramy Osman MD, Arati Inamdar MD.

Monmouth Medical Center, Long Branch, New Jersey

**Monmouth  
Medical Center**

**RWJBarnabas  
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## BACKGROUND

Schistosomiasis is a serious endemic disease in tropic and subtropics. It is considered one of the neglected tropical diseases. Schistosomiasis is rarely seen in the United States with only a few reported cases. Most of these are related to international travel or to immigrants.(1) We are presenting a case of intestinal schistosomiasis at our hospital, presenting as bloody diarrhea and hypovolemic shock.

## CASE PRESENTATION

A 79 year old female presented to Monmouth Medical Center, New Jersey, with bleeding into her colostomy bag and associated left lower abdominal pain for one day duration. She has a history of colon cancer diagnosed 25years ago, which was treated with chemotherapy and a left hemicolectomy with colostomy formation. She denied any fever or urinary complaints upon arrival. On admission, she was found to be hypotensive with a blood pressure of 78/51 mm Hg. She looked pale and her abdominal examination revealed tenderness in left lower quadrant. Laboratory findings showed hemoglobin of 5.3 g/dl. CT abdomen with contrast showed extensive colitis. She was initially treated with blood transfusion, intravenous fluids and Piperacillin-Tazobactam for 6 days with minimal improvement. Stool for ova and parasites were negative. Esophagogastroduodenoscopy (EGD) was unremarkable with no evidence of acute bleeding. Colonoscopy showed severe ulcerative colitis in the distal 30cm of colon. Pathology revealed ischemic and necrotic tissue with numerous calcified schistosoma eggs in the colon (Figure 1).

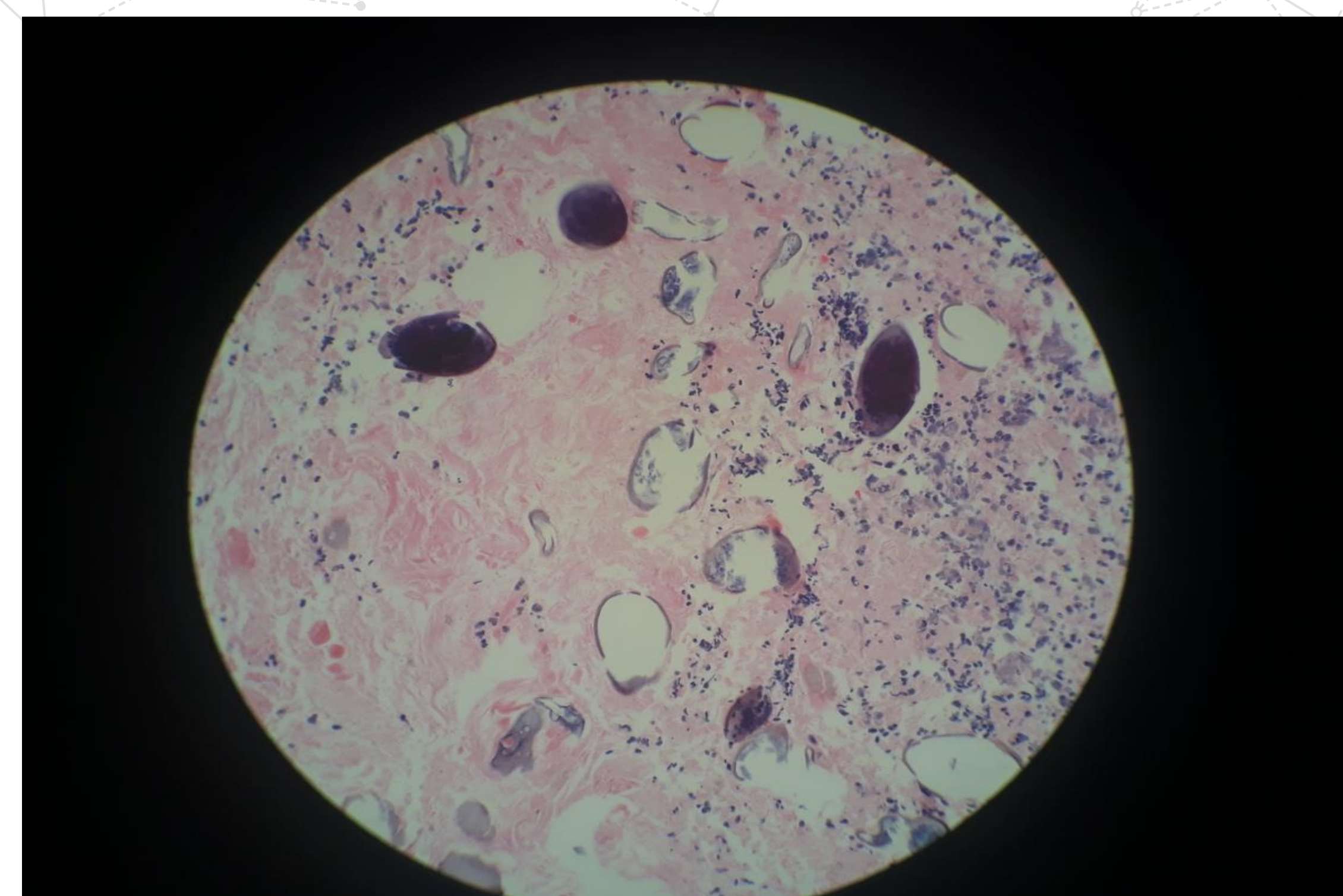


Figure 1 : Histopathology image showing calcified schistosoma eggs in colon

After furthering questioning, the patient mentioned that she travelled to South China 8months prior to presentation. Patient was then treated with Praziquantel 1800mg in three divided doses for one day for possible Schistosomiasis Japonicum, given the regional distribution. The patient showed marked clinical improvement and was discharged home later.

## DISCUSSION

Schistosomiasis is a parasitic disease caused by trematode flukes of schistosoma genus.(2) It peaks at age 15-20yrs, older patients have less parasitic burden. The symptoms of intestinal schistosomiasis includes diarrhea, abdominal pain, dyspepsia and malnutrition. Heavily infected patients can have hemorrhagic diarrhea, obstruction and ischemic colitis. The definitive diagnosis of intestinal schistosomiasis requires egg identification from fecal and/or urine samples or biopsy via colonoscopy.

Treatment for schistosomiasis is relatively safe and effective, especially in the developed countries where the resistance to Praziquantel (PZQ) has not been reported yet.(3)

## CONCLUSION

Early recognition and treatment of the disease reduces morbidity and mortality. Our patient showed immediate marked clinical improvement after treating with Praziquantel. Even though the worms that cause the disease are not found in United States, this case highlights the importance of recognizing Schistosomiasis in USA, especially in New Jersey, due to the high traveling immigrant population.

## REFERENCES:

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