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Schistosomiasis: hazards of freshwater swimming

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A 44-year-old man presented with fatigue, dry cough, myalgias and suprapubic pain. He had returned from a holiday in Malawi 4 months previously and developed fevers with headache, malaise and a rash 3 days after his return. History was notable for freshwater exposure as the patient had swum in Lake Malawi. A computed tomography scan demonstrated upper lobe consolidation (Figure 1a) and thickening of the bladder wall (Figure 1b). Urine microscopy demonstrated an ellipsoidal ovum with a terminal spine, characteristic of *Schistosoma haematobium* (Figure 2). Chronic infection with *S. haematobium* is classically associated with genitourinary manifestations but can rarely cause pulmonary disease. Inspection of the airways at bronchoscopy was unremarkable and examination of bronchial washings for ova was negative. However, schistosomal serology was positive and the patient was treated with praziquantel. On a follow up computed tomography scan, the infiltrate appeared nodular with some early calcification consistent with treated infection.

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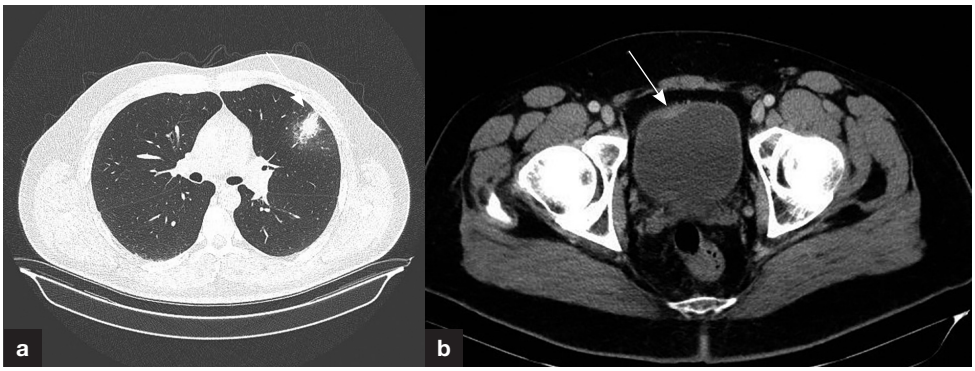

Figure 1. a. Axial computed tomography image of lungs demonstrating left upper lobe consolidation (arrow). b. Bladder wall thickening (arrow) on axial image from computed tomography of the abdomen.

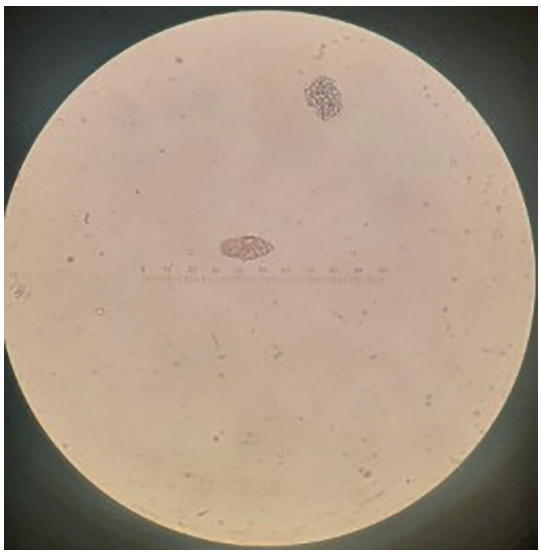

Figure 2. Urine microscopy demonstrating ellipsoidal ovum with terminal spine characteristic of *Schistosoma haematobium*.

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