A CASE OF URINARY BILHARZIASIS CAUSED BY S. MANSONI AND S. HÆMATOBIIUM WITH NO INTESTINAL INVOLVEMENT

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This case is considered worthy of publication, partly on account of its rarity, and partly because no record of a similar case in an East African can be found in the literature.

The patient was a native of Dar-es-Salaam, Tanganyika, aged 20, who was admitted to the Medical Reception Station, Nakuru, Kenya, on 2nd April, 1952.

Family History.—He stated that his father, mother and brother had all suffered from hæmaturia. There was no history of tuberculosis in the family.

Past History.—He gave no history of any previous illness apart from an attack of diarrhœa, in 1950, of two days' duration, no blood being passed in the stools.

History of Present Illness.—When admitted to Nakuru, on 2nd April, 1952, he complained of hæmaturia accompanied by pain on micturition, of one week's duration. The hæmaturia occurred towards the end of micturition and was accompanied by the passage of a few small clots. The pain was situated in the suprapubic region and radiated to the tip of the penis, being of intermittent and griping character. There was no history of pain of renal, ureteric, or testicular origin, nor had there been any urethral discharge.

Examination.—The patient was well developed, his weight being eleven stone six pounds. Palpation of the abdomen revealed no tenderness or rigidity, either in the suprapubic or renal regions, nor was there any enlargement of liver, spleen or kidneys. No urethral discharge or testicular abnormality was found.

No abnormality was found on examination of heart, lungs or central nervous system.

The patient exhibited no pyrexia, and his pulse ranged around 52 per minute.

Urine Examination.—The urine was darkly stained with blood. Microscopic examination revealed numerous red blood cells, pus cells and a few epithelial cells. One ovum of S. mansoni was found on 14th April, 1952, but despite
examination of the centrifuged deposit thrice daily for one month, no further ova were seen until 14th May, 1952, when eggs not only of *S. mansoni* but also of *S. haematobium* were discovered.

Repeated examinations of stools were carried out, but no ova, pus cells or red blood cells were seen, and the stools were of normal appearance.

A blood count on 15th April, 1952, showed red cells, 4,200,000 per c. mm.; haemoglobin (Sahli), 98 per cent.; differential leucocyte count, neutrophils 40 per cent., lymphocytes 52 per cent., eosinophils 8 per cent.; E.S.R. (Wintrobe) 12 mm. in one hour. (Total W.B.C. count on 23rd March, 1952, showed 6,800 cells per cu. mm.)

Cystoscopy was carried out at the Military Hospital, Nairobi, by Mr. Barber, F.R.C.S., who reported that the right ureteric orifice was obscured by active bilharzial nodules and that there were scattered nodules around the left ureteric orifice and the fundus of the bladder. Sigmoidoscopy was not performed.

Straight X-rays of kidneys and bladder taken on 22nd April showed no abnormality. Intravenous pyelography was attempted, but unfortunately proved unsatisfactory owing to the presence of gas in the colon.

**DISCUSSION**

The rarity of pure double vesical infection of *S. haematobium* and *S. mansoni* is revealed by the statistics of Khalil (1926), who found this condition in only 48 individuals out of 7,090 examined in Egypt, and by the observations of Fairbairn (1928), who stated that he knew of only two references to its existence.

The presence of *S. haematobium* in the urine of the present case confirms the theory that if *S. mansoni* is present in the bladder, *S. haematobium* is demonstrable at the same time although it does not necessarily reveal itself in the urine (Gelfand, 1950). The case described is also of interest in that the ova of *S. mansoni* were found in the urine but not in the stool.

It may be argued that the haematuria in this case resulted from some other lesion apart from the helminth infection discovered, but it is considered that this, though possible, is unlikely in view of the absence of any other demonstrable condition in spite of exhaustive investigation. Moreover, the eosinophilia is in favour of a helminth infection.

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**REFERENCES**

