INTRODUCTION:

The association of Schistosoma japonicum and colonic carcinoma has been well established (1). Such an association has not been confirmed in cases of Schistosoma mansoni infestation. We report the first case detected in Qatar of a young woman with long-standing schistosomal colitis on top of which developed carcinoma of the colon.

CASE REPORT:

The patient, a 30 year old Filipino female who was diagnosed one year earlier as a case of colonic schistosomiasis. She presented to the Accident & Emergency Department with acute intestinal obstruction that was managed conservatively. When her condition improved, abdominal examination showed a mass in the left hypochondrium about 10 x 15cm, ill-defined, tender and partially mobile. She had chronic hypochromic microcytic anemia. A plain x-ray showed calcified deposits in the left side of the abdomen. The presence of a colonic mass was confirmed by C.T. examination. Following elective left colectomy histopathological examination showed a high grade adenocarcinoma of the colon with signet-ring cells, infiltration of the serosa, and extra-nodal and nodal foci in the mesentery. Schistosoma japonicum eggs were seen within the tumor mass.

DISCUSSION:

The increased incidence of colorectal carcinoma in chronic S. japonicum infestation is well recognized. In a large series from China, where 289 cases of colonic carcinoma were reported, Schistosoma infestation was found to play an etiologic role in bowel malignancy in patients with diffuse involvement of the large intestine and a history of 10 years or more of colitic symptoms.

Pseudopolyposis, ectopically regenerating glands, and multicentricity are thought to be predisposing factors in the development of colorectal cancer, similar to the sequence in ulcerative colitis. There are no definitive reports, however, of the association between colorectal cancer and S. mansoni (2).

Infestation with S. japonicum is endemic in many parts of South-East Asia, particularly China and the Philippines. That this condition gives rise to increased risk of cancer was first described in 1908 (3). Subsequently both confirmatory and contrary views have been published (4).

Recently, dysplastic changes have been reported in association with Schistosomal colitis (5). In a large retrospective study in China on 1229 rectal biopsy and colectomy specimens from patients with Schistosomiasis japonicum, 37.1% had large bowel carcinoma (1).

We therefore recommend regular colonoscopy and biopsy for patients with S. japonicum infestation of the colon, and advise prophylactic colectomy on the more finding of low-grade dysplasia.

REFERENCES: