

Pelvic Schistosomiasis

Schistosomiasis infection a cause of primary infertility

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INTRODUCTION

Infertility is a well-documented sequelae of genital tract infection. Tubal pathology accounts for 20-40% of female infertility. Most commonly tubal infection is attributed to *Neisseria gonorrhoeae* and *Chlamydia trachomatis* in developed Countries. We present an unusual case of tubal infertility due to Schistosomiasis infection.

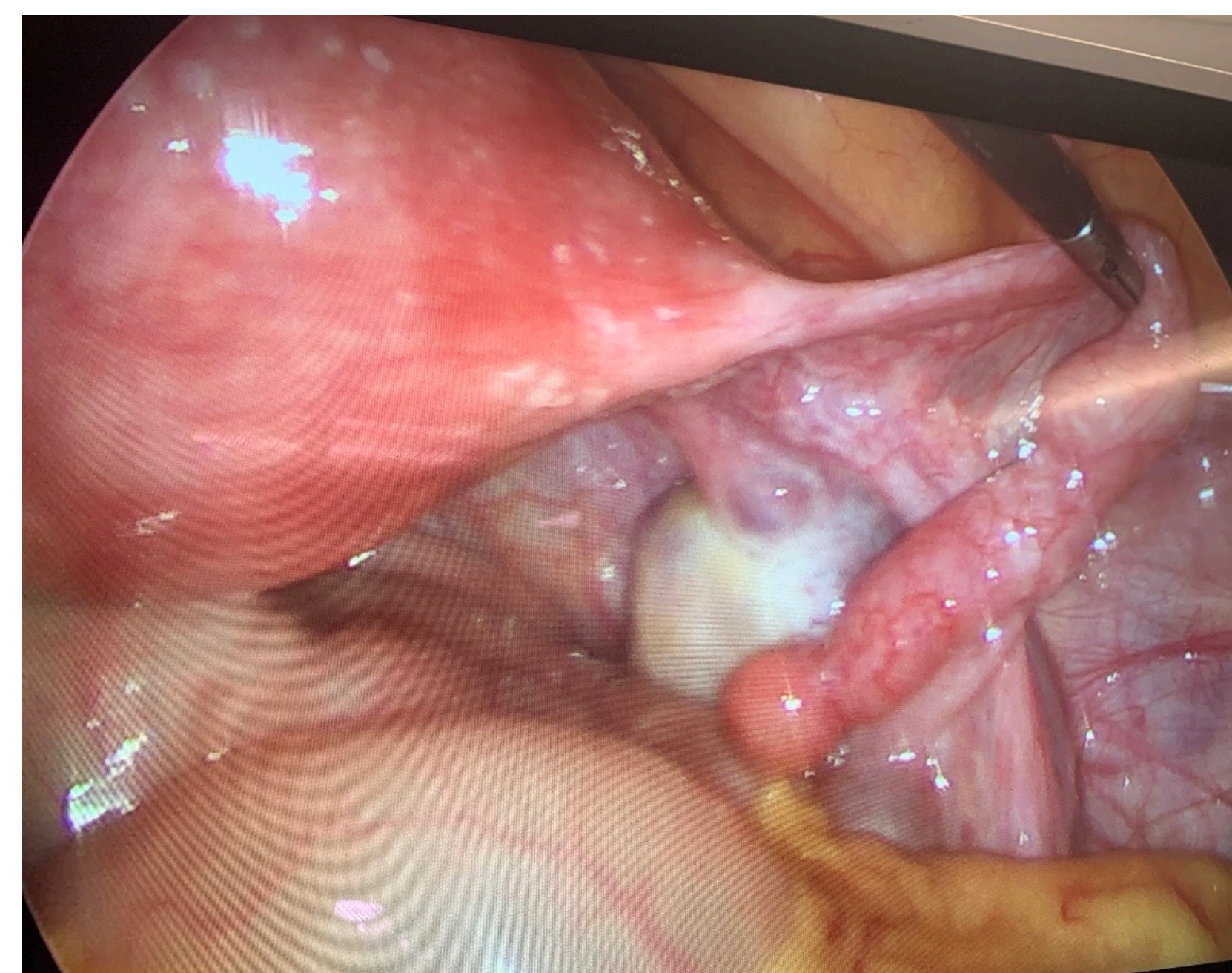
CASE PRESENTATION

A 36 year old patient (G0P0) presented to clinic after trying to conceive for 21 months. She had a normal BMI and was usually fit and well. She described an **irregular menstrual cycle** ranging between **26-42 days** with **dysmenorrhea** and **occasional dyspareunia**.

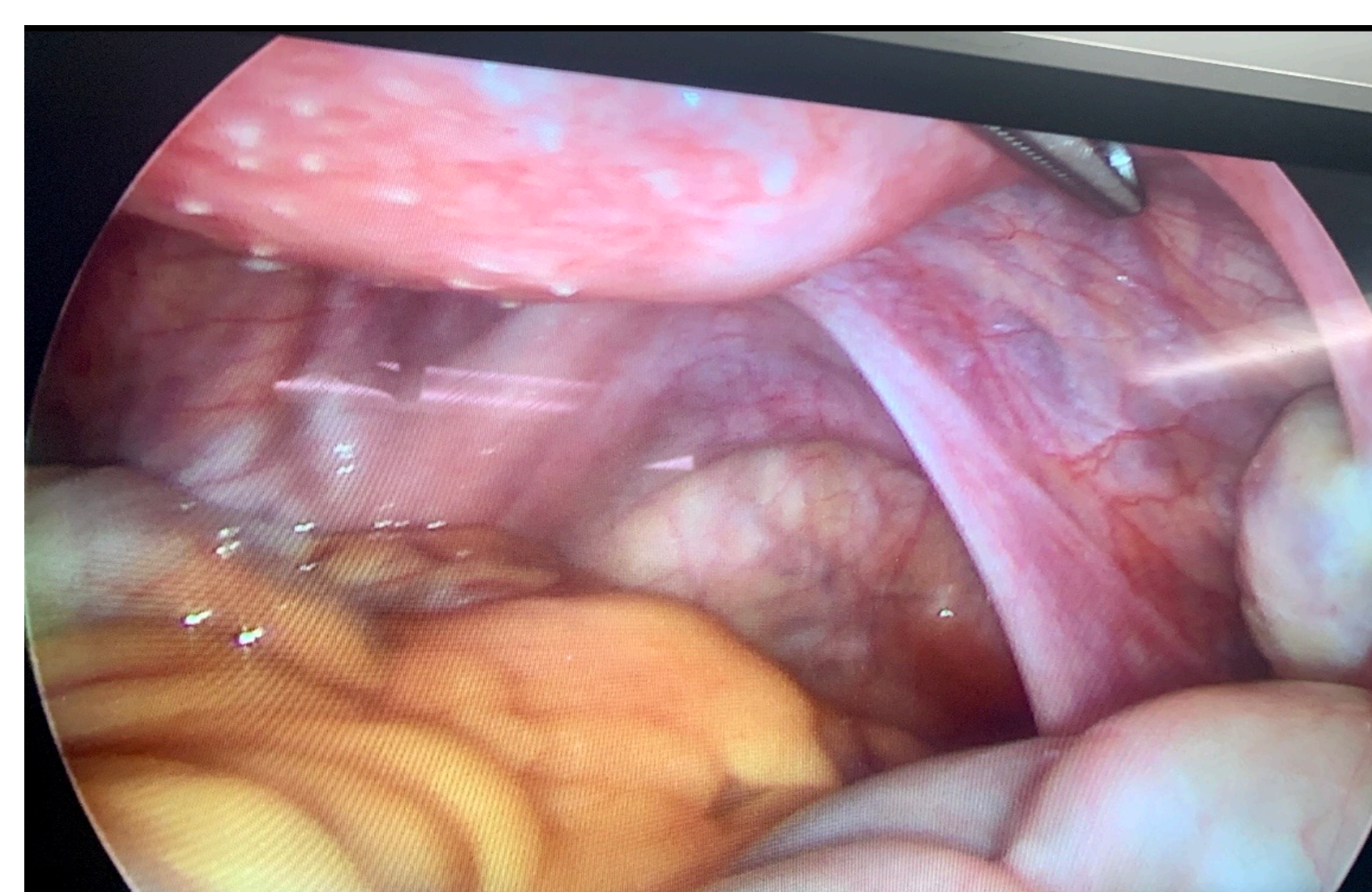
INITIAL DIAGNOSTICS

Initial bloods for her hormonal profile were all within normal limits

- **Negative Chlamydia** serology
 - **Thyroid stimulating hormone** was **normal**
 - **Pelvic ultrasound** demonstrated **normal anatomy**
- Her **male partner** also had a **normal BMI**, an unremarkable medical history and no factors that would contribute to infertility.
- **Semen analysis** demonstrated a **normal count and motility** with 2% normal morphology



Right fallopian tube and ovary
Schistosomiasis seen on the uterine serosa



Pouch of Douglas
Schistosomiasis seen on the uterine serosa

DIAGNOSIS

A **laparoscopy and dye test** was performed to assess for endometriosis, **at this time tubal patency not demonstrated**. **Widespread vesicular lesions** were found in the pelvis affecting **uterine serosa, bowel, and right broad ligament**.

Lesions were sent off for histology which reported '**fibromuscular tissue showing calcified schistosoma ova with surrounding granulomatous reaction**' consistent with Schistosomal infection.

DISCUSSION

Schistosomiasis is an acute and chronic disease produced by the adult forms of long-lived flukes of the genus *Schistosoma*. *Schistosoma haematobium* can lead to urogenital schistosomiasis. It is largely localised to the cervix and vagina due to the proximity to the genital venous plexi. **Urogenital Schistosomiasis** can cause menstrual disorders, preterm labour, miscarriage anaemia and dyspareunia. It is also a significant risk factor for ectopic pregnancy and **infertility**.

On questioning, our patient had a history of travel to Sub-Saharan Africa four years previously but remained well throughout this period.

KEY TAKE HOME MESSAGE

Schistosomiasis in the returning traveller is often asymptomatic and can present with chronic disease years after initial infection. Whilst it is rare in developed Countries it should be considered in fertility patients from endemic areas and those with a history of travel to endemic areas.