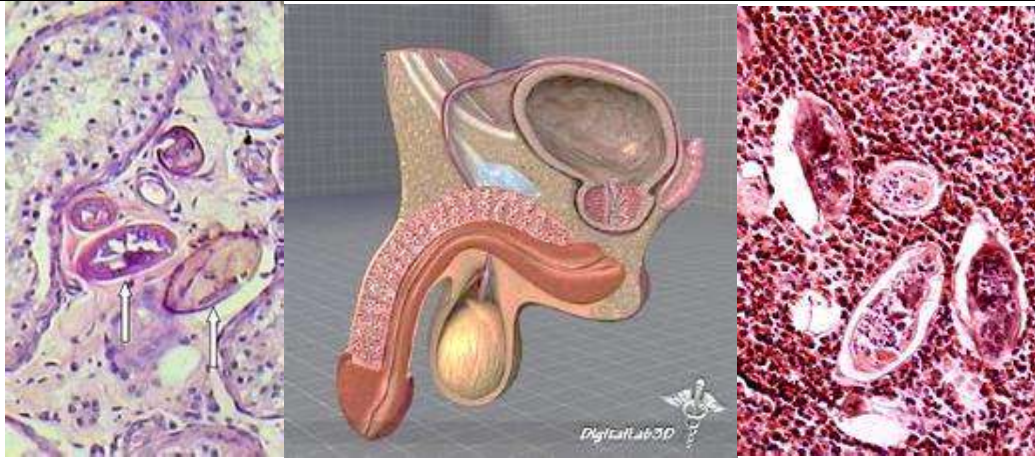


Bilharziasis

Penis:	<ul style="list-style-type: none"> Is swollen and thickened (in general) The swelling is marked in the glans and body whereas a groove (collar-like) appears at the site of scarring formed after circumcision The swelling is due to hard oedema Some evidence of scarring A fistulous opening appears just behind the glans A fistulous track lies at the ventral aspect of the anterior distal portion
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Consistence:	<ul style="list-style-type: none"> Hard in most parts; soft in few parts
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Scrotum:	<ul style="list-style-type: none"> Is swollen and shows a false appearance of elephantiasis
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N.B.1:

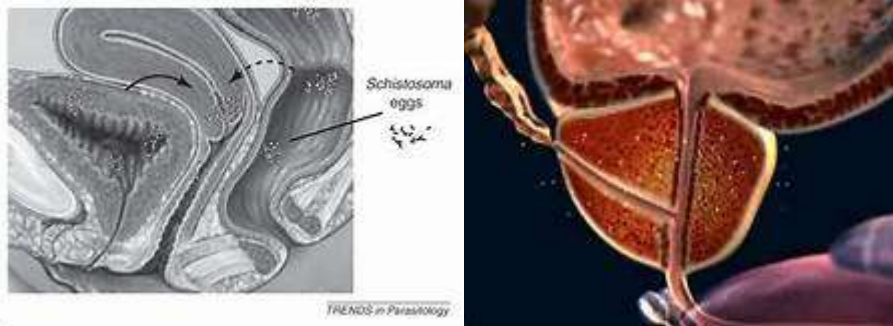
- In Bilharziasis of the penis
- The early and chief implication is in the glans and prepuce** → a characteristic bulbous swelling of the distal end of the penis including the first part of the urethra → pitting or/and scarring of glans.
- The Bilharzial infiltration when marked → lymphatic obstruction → hard oedematous swelling.
- Later still, the body of the penis and even the perineum may be involved.
- The subcutaneous tissue of the penis and scrotum → swollen, oedematous and may **show many fistulae** (the oedema in the penis is solid and hard, whereas, that in the scrotum is rather soft and silky).
- It is the presence of urinary fistula which may offer a helpful evidence for the implication of the male genital organs with Bilharziasis including infiltration of the mucous membrane of the urethra and its neighborhood → fistulous tracks.



N.B.2:

Bilharziasis of the penis and penile urethra:

- This is usually an extension of vesical Bilharziasis and is common in young adults.
- **The B. ova**, and **bilharziomata** as well as the **diffuse bilharzial granulation tissue** are found in the submucosa → **bilharzial tubercles, sandy patches and ulcers**.



- **Superimposed pyogenic infection of the ulcerating bilharzial lesion to an inflammatory process → extension to glans penis, scrotum or perineum (according to the site of the urethral bilharzial lesion) → urinary fistula.**
- **Features**
- **1. At first:**
- **Oedema of penis (starting at glans).**
- **Oedema of scrotum.**
- **Sero-sanguineous (or muco-purulent) discharge related (or not related) to urination.**
-

- **2. Later on:**
- Fibrosis → narrowing of urethra (but not to the extent of a stricture except scarcely when very severe). (Fibrosis → obstruction of lymph vessels → bilharzial pseudo elephantiasis.
- Relative narrowing of the path of urine → straining (during micturition) in order to pass the urine (which is thin, turbid and is interrupted during the act).
- Fibrosis of cavernous tissue → impotence (partial or complete).
- In severe cases - > induration --> bilharzial priapism.
- Bilharziasis of the male urethra is accompanied by relatively more complications (urinary obstruction, fistula and peri-urethral abscesses) because of the shortness (and wide caliber) of the female urethra.
-



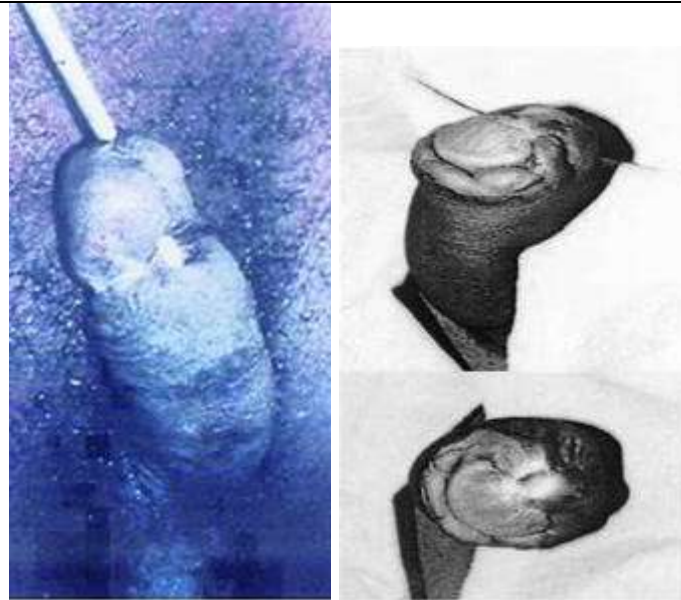
Genital manifestations of schistosomiasis

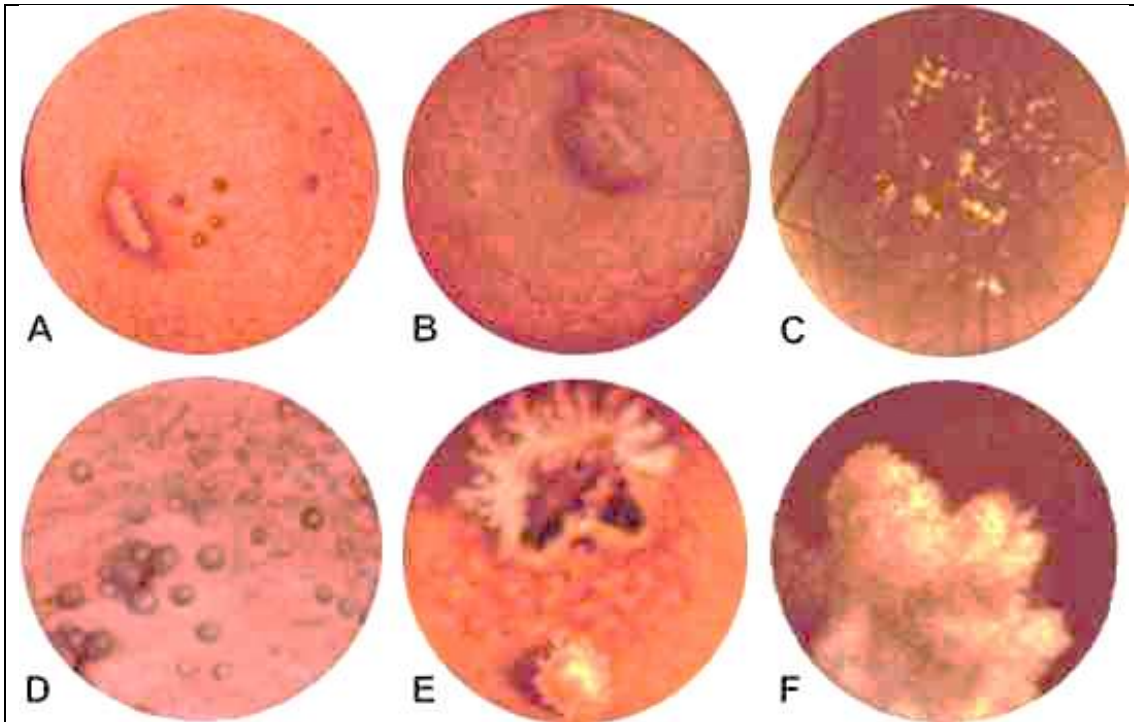
- Human schistosomiasis (bilharzia) is a parasitic disease prevalent in tropical areas.
- Although the clinical manifestations on
- Urinary **tract caused by**
 - *S. haematobium*) or
- Gastrointestinal tracts **caused by**
 - *S. mansoni*,
 - *S. japonicum*,
 - *S. mekongi*,
 - *S. intercalatum* and
 - *S. guineensis*.
- Are widely known, many clinical health-care professionals are unaware of the genital manifestations which are often ignored or underestimated.
- ***Schistosoma haematobium* is the main species causing genital manifestations but other species of schistosomiasis have been implicated.**

○

Clinical manifestations

- The clinical manifestations of genital schistosomiasis occur both in women and in men.
- **In men, the symptoms include**
 - **Epididymitis** (an inflammation of the epididymis at the back of the testicle) which can simulate tuberculosis and associated
 - **Funiculitis,**
 - Indolence and possible **fistulation,**
 - **Hemospermia,**
 - **Pain during urination**
 - **Prostatitis** and
 - Others.





- **In women, the symptomatology is unspecific** because urogenital schistosomiasis can provoke gynecological ailments.
- The most frequently observed signs and symptoms are
- abdominal and pelvic pain presenting in forms such as
 - Dyspareunia,
 - Dysmenorrhea,
 - Leucorrhoea,
 - Menstrual disorders,
 - Post-coital bleeding or simple contact bleeding (during an examination),
 - Cervicitis,
 - Endometritis and
 - Salpingitis.
- The disease evolves most often in a chronic manner.
- These genital lesions can cause complications such as
 - Early abortion,
 - Ectopic pregnancy and
 - Infertility.
- The clinical appearance of genital lesions is variable.
- Traditionally, the only specific lesions in women were considered to be granulomatous lesions the size of a pinhead and visible to the naked eye that looks like sand grains.
- They are rough to the touch and have a sandy consistency (**“sandy patches”**).
- Several field studies and researchers have described other lesions such as
 - Papilloma ,
 - Polyps and
 - Neovascularization.