## Bilharziasis

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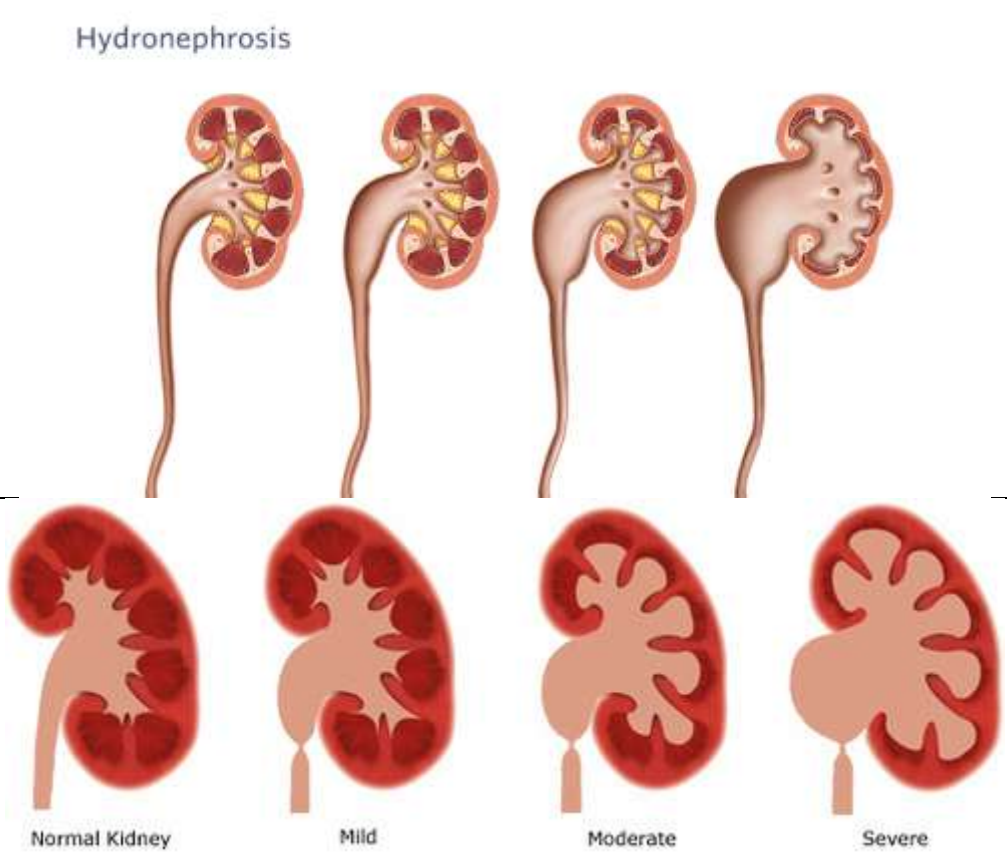
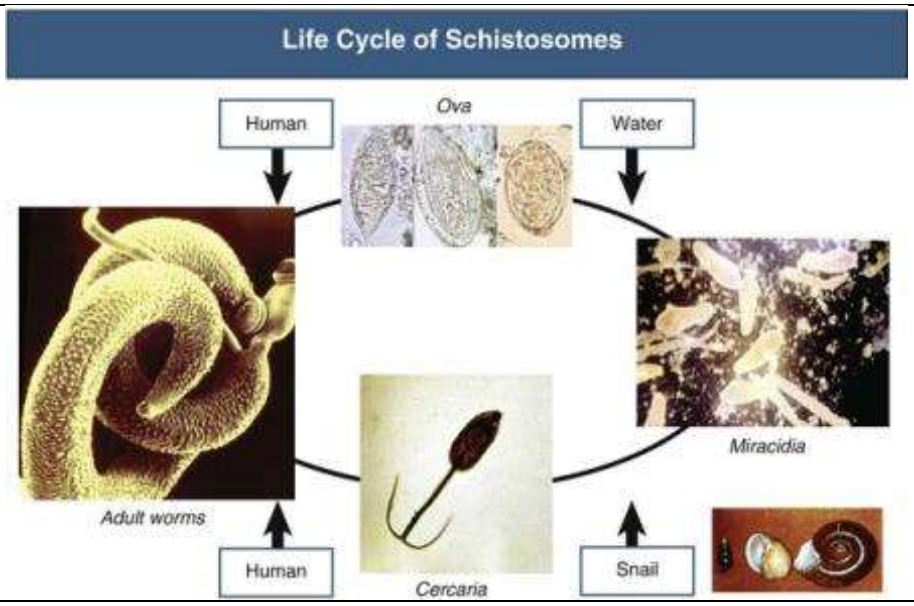
|---|---|---|
| ***Kidney:*** | ***Size:*** | • About normal (or slightly changed) |
| | ***Capsule:*** | • Strips off easily (most parts)<br>• Subcapsular surface:<br>• Smooth (most parts) |
| | ***Consistence:*** | • Firmer than normal |
| | ***Cut surface:*** | • Paler than normal |
| | ***Cortex:*** | • Differentiated from the medulla<br>• Few areas show scarring (depressed) or are atrophied |
| | ***Medulla:*** | • No particular change |
| ***Renal pelvis and calyces:*** | | • Large due to dilatation (Hydronephrotic)<br>• Lining is granular and dirty yellowish-greyish (sandy patches)<br>• Few bilharzial tubercles<br>• An occasional polyp |




**N.B.**

*Bilharzial infection of the kidneys is very rare; and, the infection may be :*

1. **Primar (barenchymatous): Bilharzial lesions (localized or/and diffuse) → replacement of renal tissue → fibrosis of kidney.**
2. **Secondary (to Bilharziasis of the ureter or/and bladder) →hydronephrosis (or pyonephrosis) →** renal failure and uraemia.



Author **Dr. Rashad S. Barsoum (RB),** from Cairo University in Egypt, discusses his recent review With Dr. Helbert Rondon Contributor.

A recent article published in the *American Journal of Kidney Diseases* reviews the evolution of the understanding of parasitic kidney disease since the origins of humanity until the latest discoveries in parasite molecular pathogenesis.