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Hematuria in a 10-year-old boy: a clue to urogenital schistosomiasis

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CASE REPORT

A previously healthy 10-year-old black African boy presented with a two-year history of macroscopic terminal hematuria, occasionally associated with dysuria. He denied fever, lumbar pain, or prior urinary tract infections. There was no family history of hematuria. The patient had relocated from Angola to Portugal four months earlier and was currently living in an urban setting. His father reported frequent contact with freshwater rivers while in Angola. Physical examination was unremarkable.

Bladder ultrasound demonstrated asymmetric right anterolateral wall thickening with linear echogenic calcifications (arrow in Fig. 1a), sessile mural nodules (asterisk in Fig. 1b), and floating intravesical echogenic debris (Fig. 1c). Renal ultrasound was normal.

Blood tests were unremarkable, with no eosinophilia and a normal total IgE level. Urinalysis identified *Schistosoma haematobium* eggs, confirming urogenital schistosomiasis.

The patient was started on antiparasitic therapy with praziquantel and subsequently referred to the hospital serving his area of residence for continued follow-up; however, further follow-up was not documented.

DISCUSSION

Infection by *Schistosoma haematobium* occurs after skin penetration by cercariae during freshwater exposure. Chronic egg deposition within the bladder induces granulomatous inflammation and fibrosis [1,2]. Untreated disease may progress to ureteral obstruction, hydronephrosis, and an increased risk of bladder squamous cell carcinoma [1].

Urogenital schistosomiasis is rarely identified in Europe, but with increasing migration from endemic regions, clinicians and radiologists are more likely to encounter it [3]. Recognizing its characteristic clinical and imaging findings is key to ensure timely diagnosis.

Praziquantel is the treatment of choice, with surgery reserved for cases that fail to respond to medical therapy [1,2].

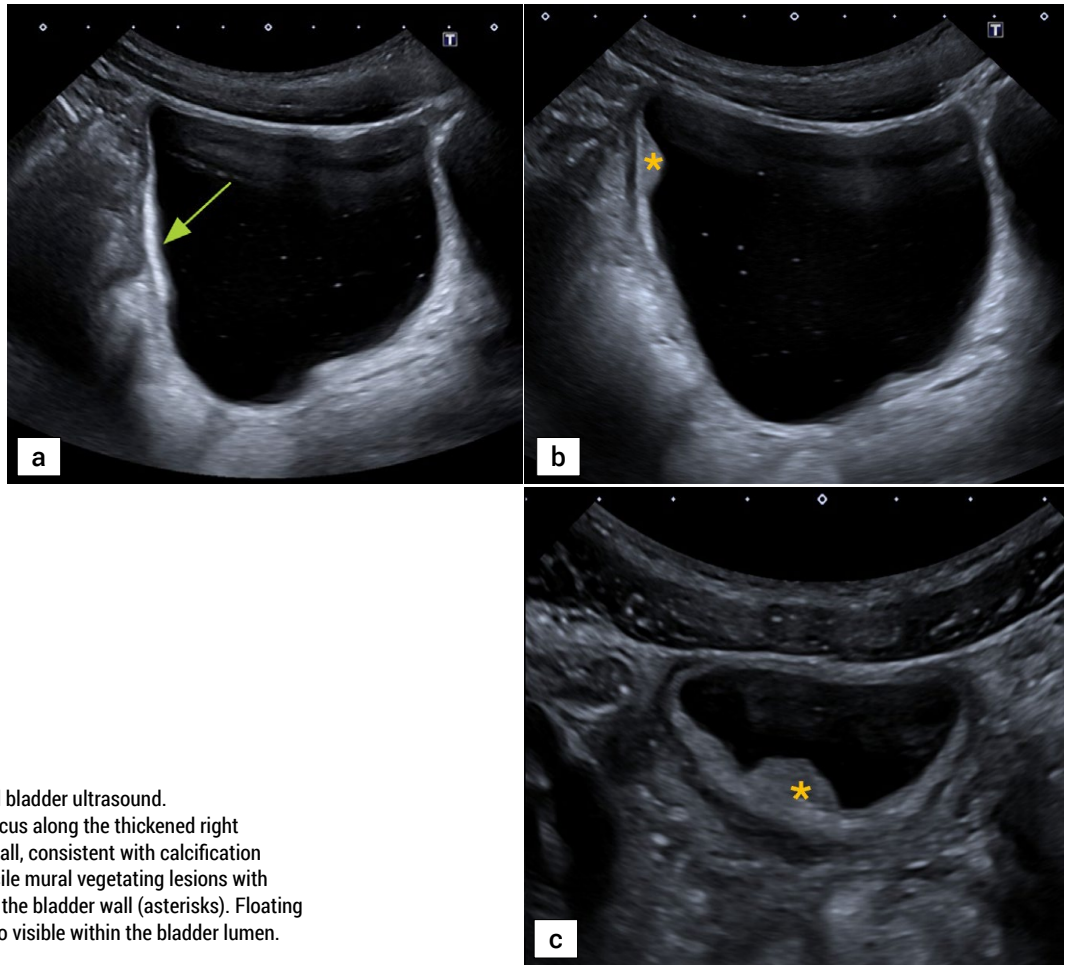

Fig 1. Transabdominal bladder ultrasound.
(a) Linear echogenic focus along the thickened right anterolateral bladder wall, consistent with calcification (arrow). (b, c) Two sessile mural vegetating lesions with echogenicity similar to the bladder wall (asterisks). Floating echogenic debris is also visible within the bladder lumen.

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