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Colon polyps with or without *Schistosoma japonicum*

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Dear Editor,

A 34-year-old male was referred to our hospital due to diarrhea and gastrointestinal complaints that had persisted for one year. The patient underwent a colonoscopy, which revealed multiple colon polyps (Fig. 1A and B). He had no personal or family history of significance and laboratory tests reported leukocyte levels of 9.30 × 10^9/l (eosinophils 2.54 × 10^9/l normal. An abdominal computed tomography (CT) scan revealed liver changes consistent with schistosomiasis. The polyps were completely resected using endoscopic mucosal resection (EMR) (Fig. 1C). Histopathology showed inflammatory hyperplastic polyps associated with large deposits of *Schistosoma japonicum* ova (Fig. 1D); the remainder of the tissue was adenomatous, with no parasite eggs present (Fig. 1E). The patient was prescribed praziquantel after discharge.

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Discussion

Schistosoma japonicum has been endemic for a long time, and associated colonic abnormalities have been sporadically reported. Most patients infected with *Schistosoma japonicum* may present primarily with acute manifestations or develop chronic complications, known as schistosomiasis liver changes, intestinal tract lesions, and involvement of other systems (1). Interestingly, both states were observed in this patient. The acute infection manifested as a systemic hypersensitivity reaction, characterized by elevated eosinophil levels and intestinal symptoms (2). Simultaneously, complications of chronic infection were also present, including specific liver changes and colonic disorders.

Some retrospective studies have described that patients exposed to chronic schistosomiasis may have a higher risk of adenomas and malignancies (3,4). However, it is noteworthy that numerous eggs of *Schistosoma japonicum* were only detected in the hyperplastic polyps, likely due to an inflammatory and foreign body reaction, consistent with previous reports. Conversely, no parasite eggs were found in the biopsy of the adenoma, making it difficult to determine the clinical relationship between *Schistosoma* infection and adenoma or whether it is merely a coincidence. Further research is needed to reevaluate whether the two are linked.

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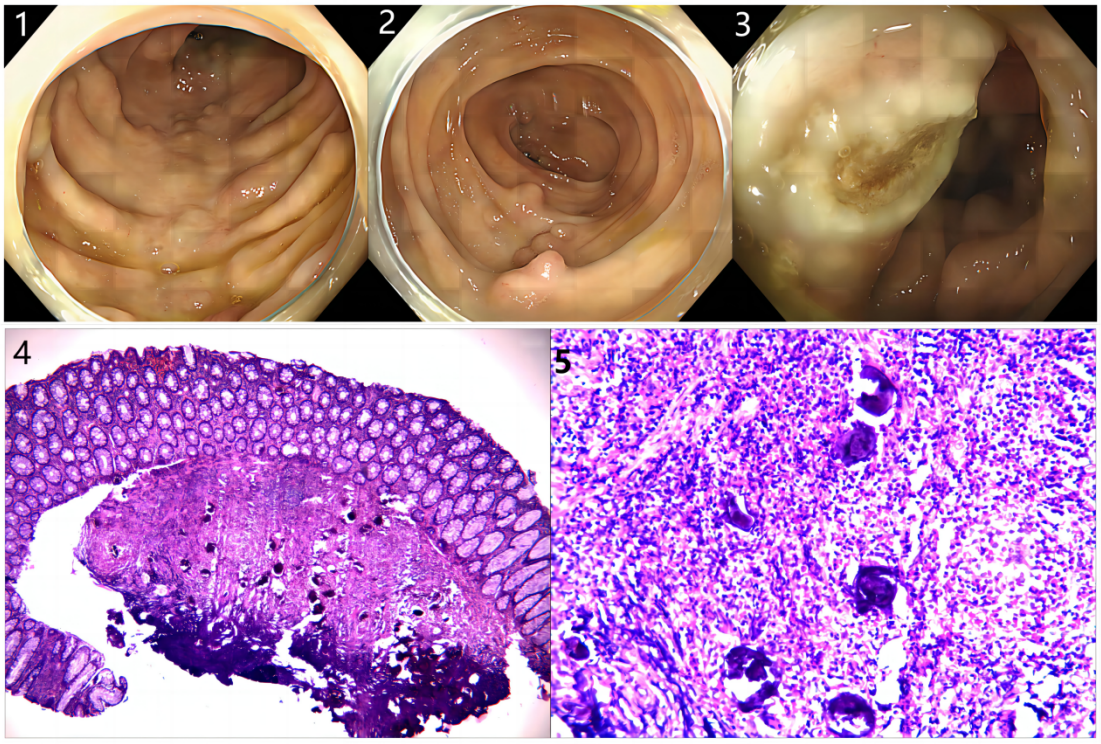

Fig. 1. A and B. Colonoscopy revealed multiple polyps of the colon. C. These polyps were completely resected by endoscopic mucosal resection (EMR). D. Histopathology showed inflammatory hyperplastic polyps associated with deposited large amounts of *Schistosoma japonicum* ova. E. Histopathology showed inflammatory adenoma without any accompanying parasite eggs.