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Intestinal polyps and chronic schistosomiasis

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Abstract

Intestinal polyps have been described in association with chronic schistosomiasis, and must be differentiated from malignant tumors and appropriately managed. This uncommon condition may be very rarely detected in people from non-endemic areas of this zoonosis, who were occasionally infected during some travel period. The lesions are more frequently described in men, and predominating in the colon. The diagnosis is confirmed by histopathological evaluations and finding eggs of *Schistosoma* in biopsy samples. The use of Praziquantel has been a very effective treatment. The authors emphasize the diagnosis confirmation as early as possible, avoiding mistakes with cancer.

Dear Editor,

Intestinal polyps detected in chronic schistosomiasis may mimic malignant tumors and may be rarely diagnosed in people from non-endemic areas of this zoonosis due to travels. We read in this Journal the case published by Santos IC and colleagues of a 23-year-old Brazilian man presenting hematochezia and a pedunculated polyp of sigmoid colon (1). He underwent a hot snare polypectomy and the histopathological study revealed an eosinophilic infiltrate besides calcified eggs of *Schistosoma* and granulomatous reaction. As stool examination showed ova of *Schistosoma*, the diagnosis was chronic infection; and without liver changes nor portal hypertension, he successfully used praziquantel; the authors stressed the role of the polyp for prompt diagnosis and adequate treatment. (1).

The next comments on more recent literature aim to highlight the first reference. A 34-year-old man with chronic diarrhea had liver images indicative of schistosomiasis, besides a colonoscopy revealing multiple colon polyps that were treated by endoscopic mucosal resection confirming the hyperplastic lesions containing *S. japonicum* eggs; with this diagnosis, he underwent praziquantel with success after the hospital discharge (2). Two male patients with initial suspicion of colonic cancer were further confirmed by histopathology study of colonoscopy biopsy to be presenting colonic schistosomiasis (3). They were 20- and 35-year-old; their tumor-like lesions were colonic, the histopathology evaluation confirmed schistosomiasis, and they underwent praziquantel with success (3). The authors highlighted the tools to avoid misdiagnosis and inappropriate management. A 31-year-old man with intermittent abdominal pain through four weeks and bleeding per rectum had serum positive antibody reactivity for *Schistosoma*; the colonoscopy revealed polyps, mucosal congestion, erosions, superficial ulcers, and petechial hemorrhages (4). Biopsy study showed acute and chronic inflammations, granulomas with abundant eosinophils, besides scarce oval-shaped structures consistent with *Schistosoma* eggs; he underwent Praziquantel for two days and became asymptomatic in a very short time (4). A 38-year-old man with chronic hypogastric pain and intermittent constipation had a colonoscopy showing nodules in the colon and cecum; a biopsy study revealed *S. mansoni* eggs besides chronic inflammatory process and eosinophils; while abdominal images detected periportal fibrosis without cirrhosis or ascites, and the spleen of normal size (5). He utilized a unique dose of Praziquantel

and was asymptomatic on the next day; the authors highlighted the drug benefits even in the absence of worms or eggs in stools (5).

Chronic colonic schistosomiasis can cause submucosal nodules, vascular changes, erosions, or ulcers, and eventual polyps must be differentiated from malignancies.

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Table 1. Six case reports of intestinal polyps and schistosomiasis (2024 – 2025)

Reference	Age	Gender	Lesions site	Medication	Outcome
1. 2025	23 years	Male	Colorectal	Praziquantel	Good
2. 2024	34 years	Male	Colon	Praziquantel	Good
3. 2024	20 years	Male	Colon	Praziquantel	Good
3. 2024	35 years	Male	Colon	Praziquantel	Good
4. 2024	31 years	Male	Colorectal	Praziquantel	Good
5. 2024	38 years	Male	Colorectal	Praziquantel	Good

Age range: 20-38 years; males: 100%; praziquantel: 100%; good outcomes: 100%.