SPINAL SCHISTOSOMIASIS IN A CHILD

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Background: Spinal schistosomiasis is very rare but severe form of scistosomiasis if not diagnosed and treated early. It is usually associated with Schistosoma mansoni & schistosoma hematobium infection. Schistosomiasis is endemic in north eastern Ethiopia. Patients usually present with lower cord syndrome and involvement of cauda equina.

Observation: We present a 12 year old male child from Northeastern Ethiopia who presented with one week history of lower back pain, progressive paraparesis and urinary and bowel dysfunction.

Clinical examination revealed hypotonia and a reduction in the strength of both lower extremities (grade 1/5). No sensory loss.

A lumbar puncture was done and showed ten white blood cells otherwise negative gram staining and culture. No isolated parasitic eggs were present in the urine or stool specimens.

Spinal Magnetic resonant imaging showed enlargement of conus medularis and lower thoracic cord with cord edema.

Spinal schistosomiasis was considered and treated with Praziquantal and steroid and got complete recovery.

Key Message: Though rare spinal schistosomiasis should be considered as a differential diagnosis of lower cord syndrome symptoms especially in endemic areas. Short of doing surgery and Biopsy It is imperative to initiate treatment at the earliest with presumptive diagnosis to avoid neurologic sequelae.

Key words: spinal schistosomiasis, Paraparesis