

Spinal Schistosomiasis in a Child: A Case Report

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Spinal schistosomiasis is very rare but severe form of scistosomiasis. If not diagnosed and treated early it might cause neurologic sequelae. It is usually associated with *Schistosoma mansoni* and schistosoma hematobium infection. Schistosomiasis is endemic in north eastern Ethiopia. Patients usually present with lower cord syndrome and involvement of cauda equina.

Keywords: Spinal Schistosomiasis; Sequelae; Cord

Case Description

We present a 12 year old male child from Northeastern part of Ethiopia (Kemise) where schistosomiasis is endemic. He presented with one week history of lower back pain, progressive lower extremity weakness and urinary and bowel dysfunction. There was no change in mentation, seizure or no trauma history.

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

A lumbar puncture was done and showed 10 white blood cells otherwise negative gram staining and culture. No isolated schistosoma eggs were present in the urine or stool specimens. As acute flaccid paralysis surveillance, he was also tested for polio and was negative.

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

Lower cord syndrome due to spinal schistosomiasis was considered as a diagnosis for this child who was from schistosoma endemic area. With that impression he was treated with Praziquantel and corticosteroid. He progressively got improvement of his mus-

cle power, urinary and bowel control. After 3 months of symptom onset, he was able to walk and got completely recovered.

Conclusion

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

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