

Helminths:

Trematoda - non-segmented flat worms

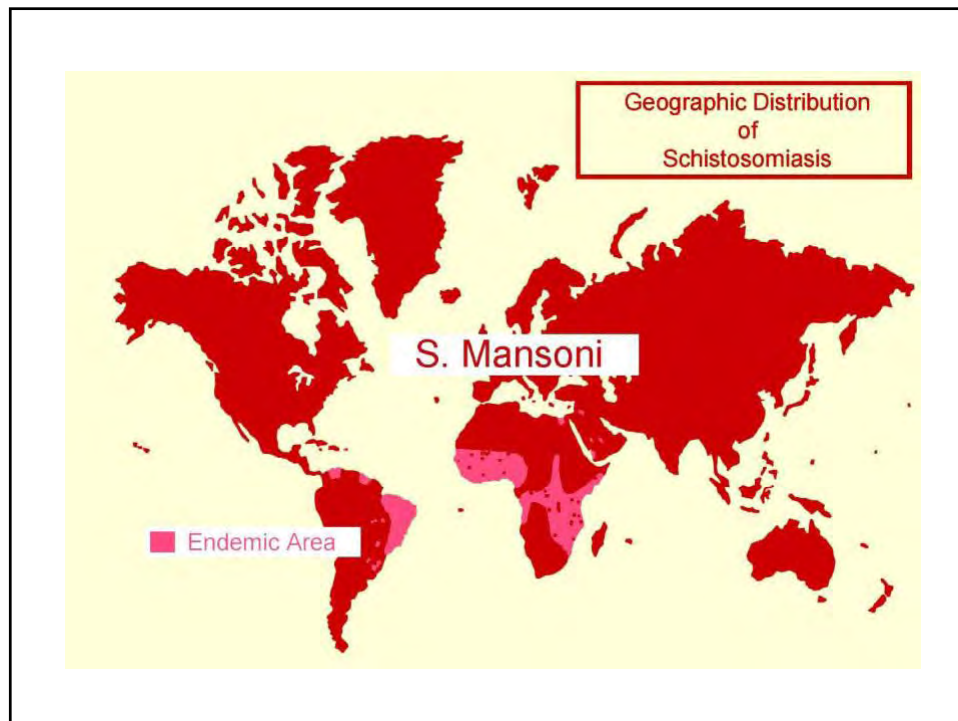
The schistosomes:

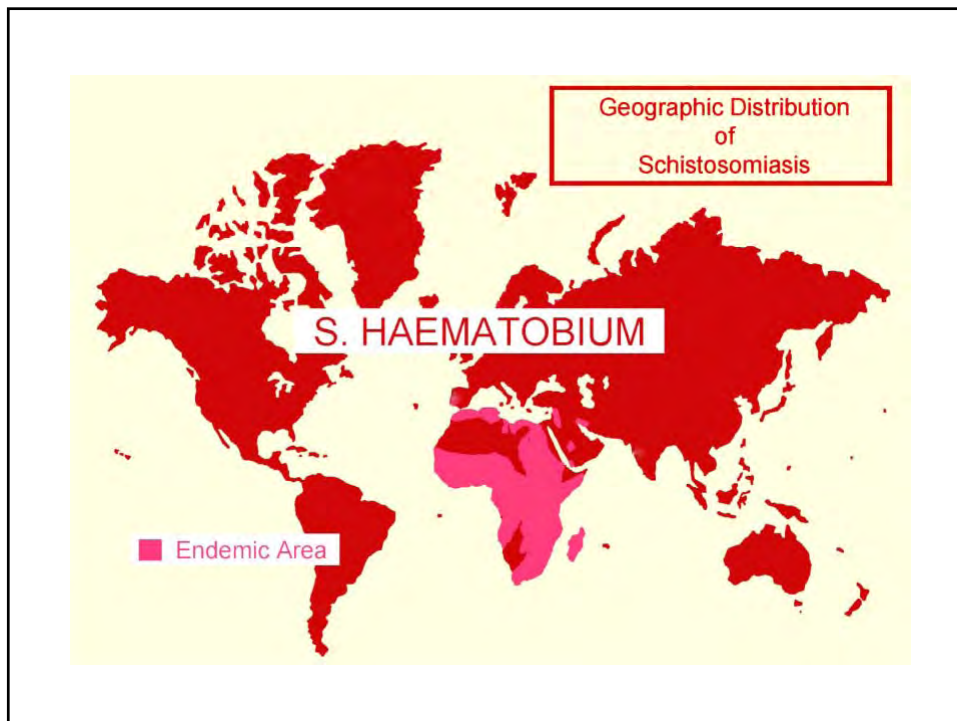
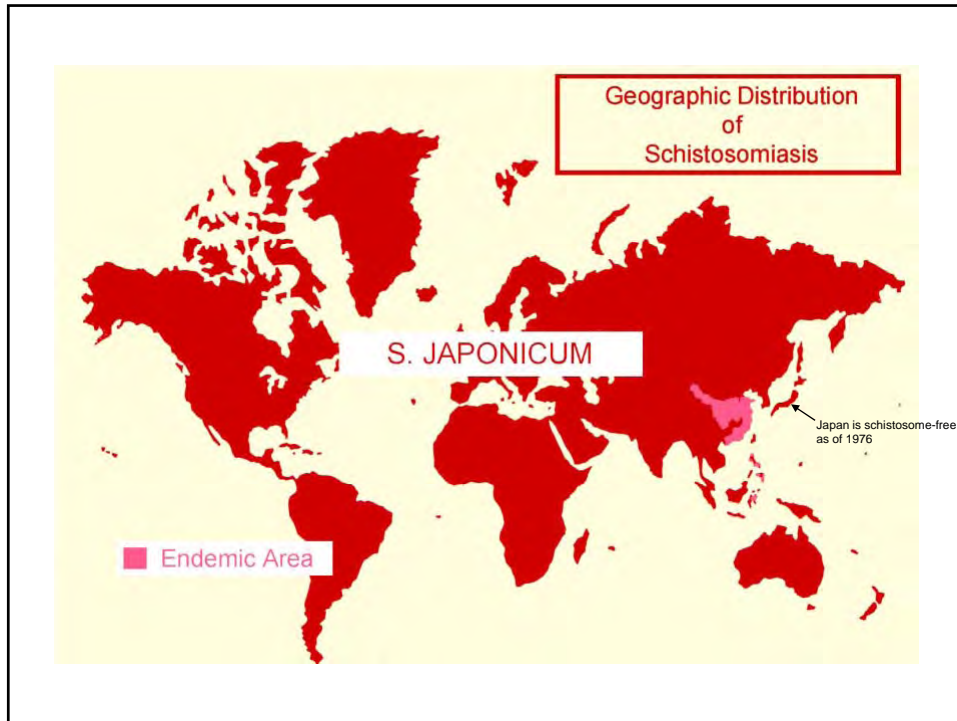
Schistosoma mansoni

Schistosoma haematobium

Schistosoma japonicum

Schistosoma mekongi



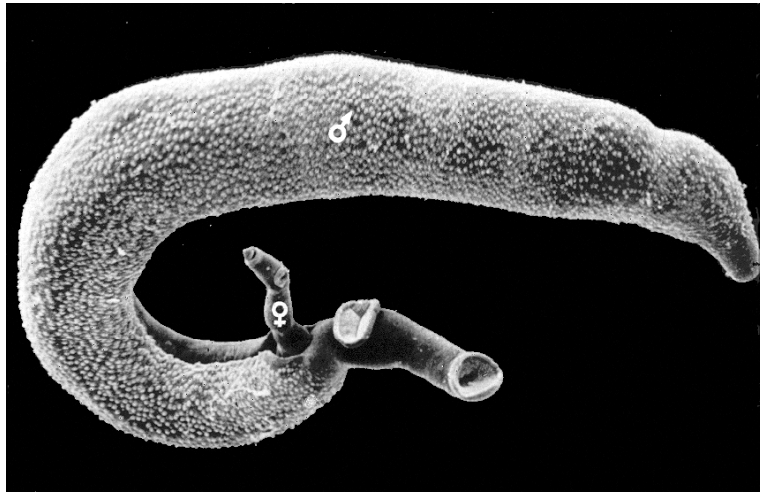


Aquatic freshwater snails are the
intermediate hosts for all schistosome
species

Schistosoma mansoni

Schistosoma japonicum

Adult male and female *Schistosoma mansoni*



One Effective Evolutionary Strategy for Survival:
Camouflage



Decorated Crab



Praying Mantis



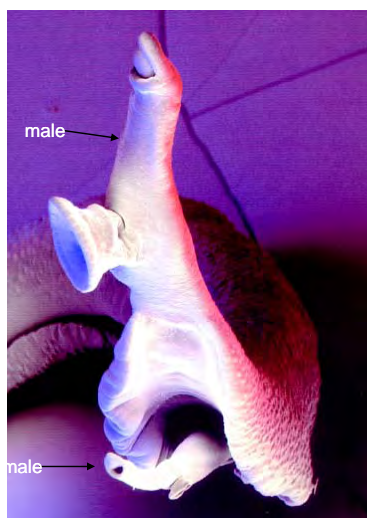
Sargasso Sea Horse

avoiding immune attack by employing a unique set of molecular mechanisms. One scheme involves incorporating host serum proteins onto the tegumental surface as camouflage, mimicking the strategy of the decorated crab. The other employs a mimic surface molecule similar to beta -2-microglobulin, a macrophage recognition factor.

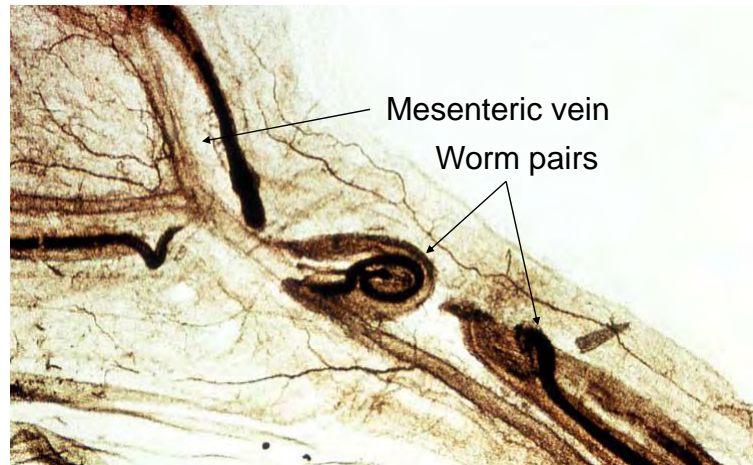
Possible



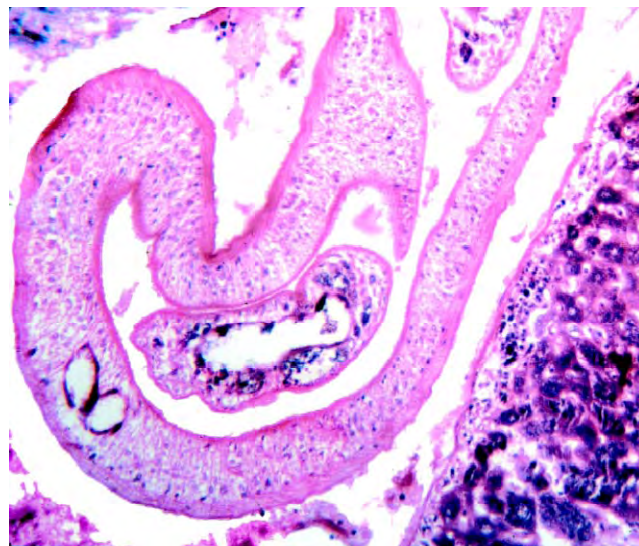
Locked in life's embrace



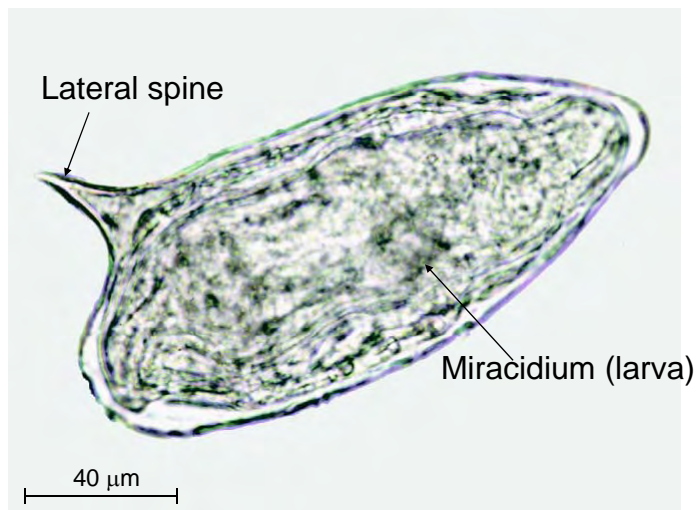
Schistosoma mansoni in situ



Cross section of a pair of adult schistosomes in situ in a mesenteric venule

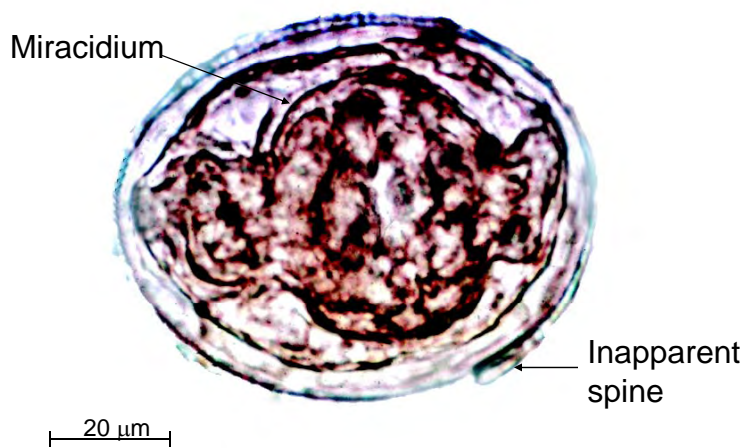


Embryonated egg of *Schistosoma mansoni**

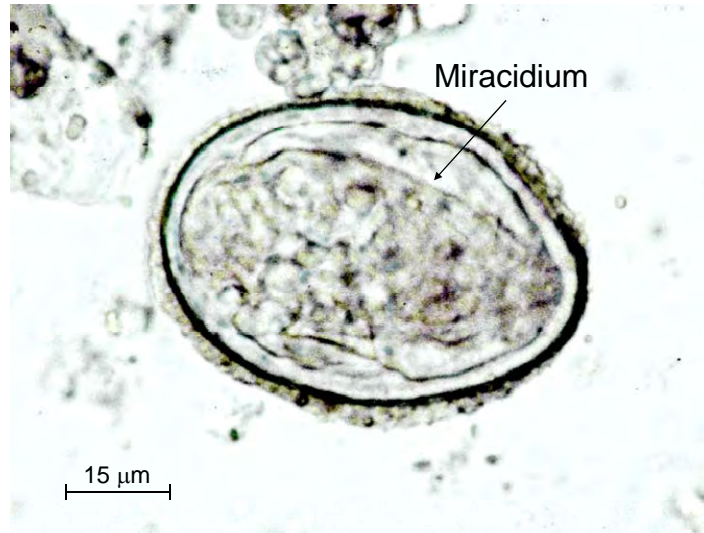


* The adult female requires tumor necrosis factor for maximum egg production

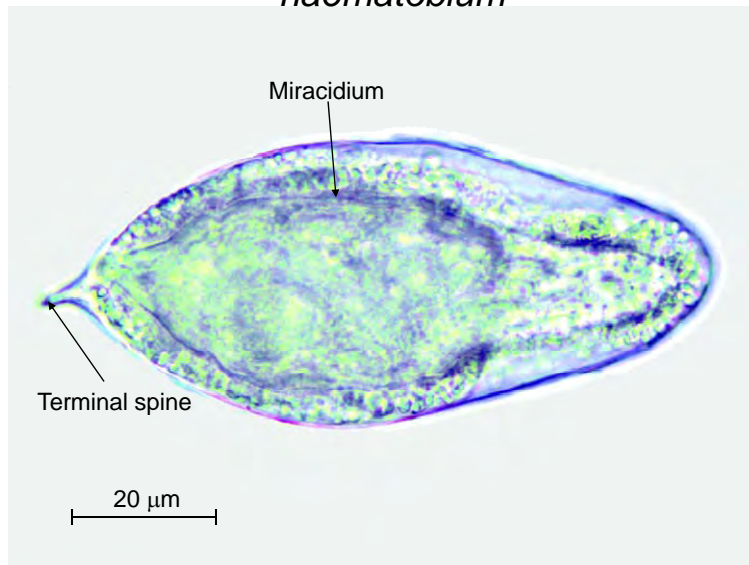
Embryonated egg of *Schistosoma japonicum*

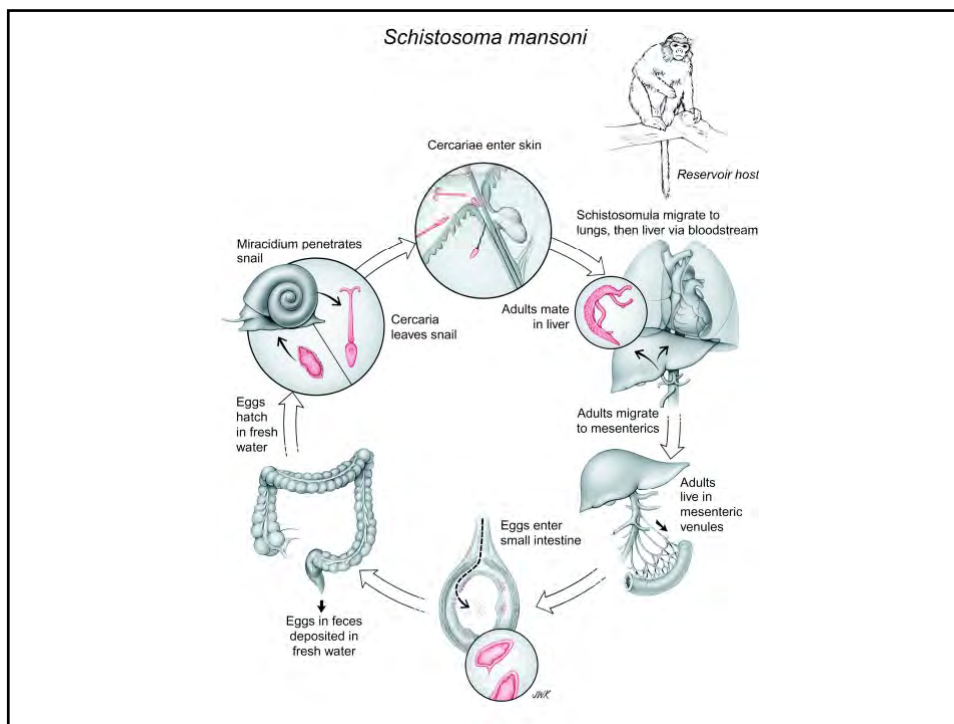


Embryonated egg of *Schistosoma mekongi*



Embryonated egg of *Schistosoma haematobium*

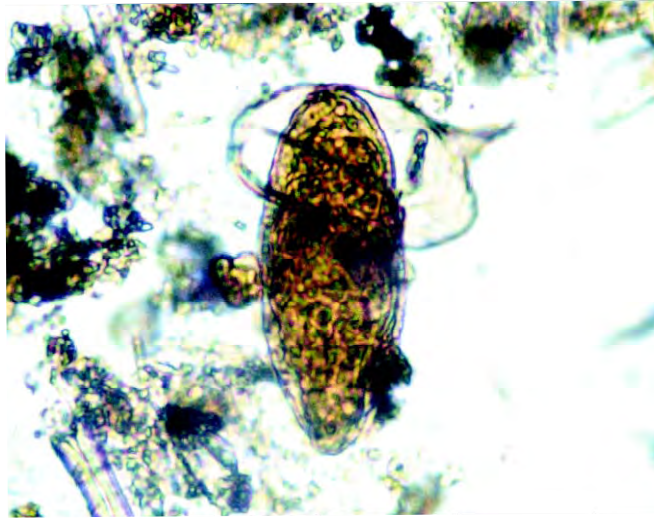




Biomphalaria glabrata, a
common intermediate snail host
for *Schistosoma mansoni*



Miracidium of *Schistosoma mansoni*
caught in the act of hatching



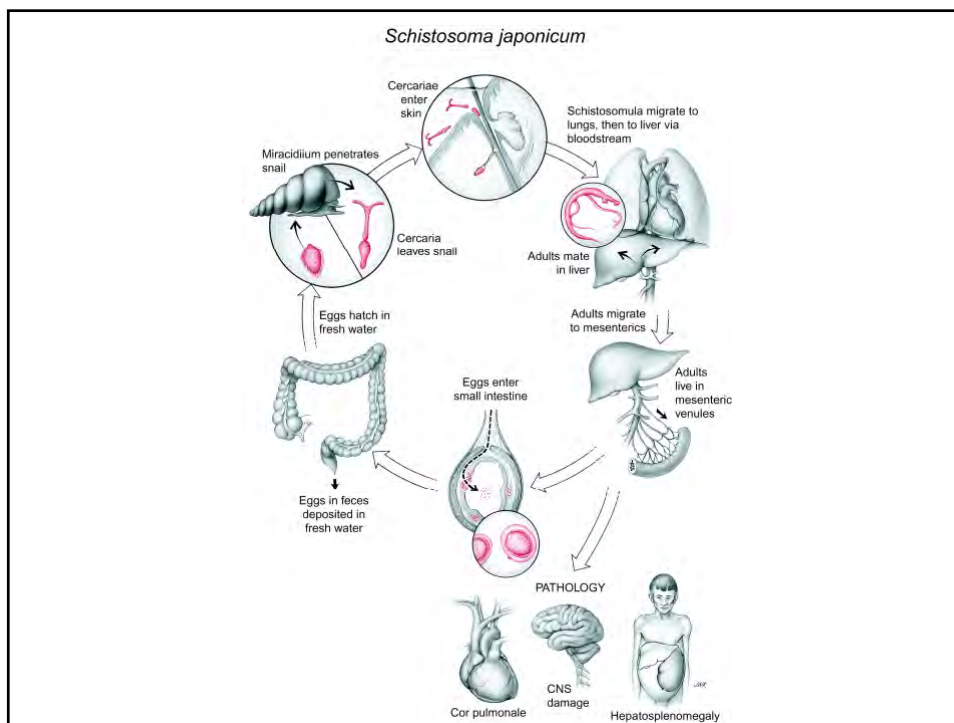
Miracidium of *Schistosoma mansoni*



SEM of a cercaria of *Schistosoma mansoni*,
the infective stage for humans



Photo: D. Scharf



Oncomelania nosophora, a common snail intermediate host for *Schistosoma japonicum* in China



Pathogenesis:

1. Miracidium inside egg in small intestine releases proteases, dissolves tissues, induces bleeding and diarrhea.
2. Eggs (50% of those produced) wash back into liver, lodge in pre-sinusoidal capillaries, eventually block flow of blood.
3. Blockage of portal circulation results in portal hypertension.
4. Portal hypertension leads to induction of embryonic circulatory paths, eggs then by-pass liver. Toxic brain syndrome may ensue.
5. Adults avoid immune detection by:
 - a. camouflage strategy, incorporating host serum proteins on tegumental surface.
 - b. synthesizing β -2 microglobulin-like molecule on tegumental surface.

Clinical Disease:

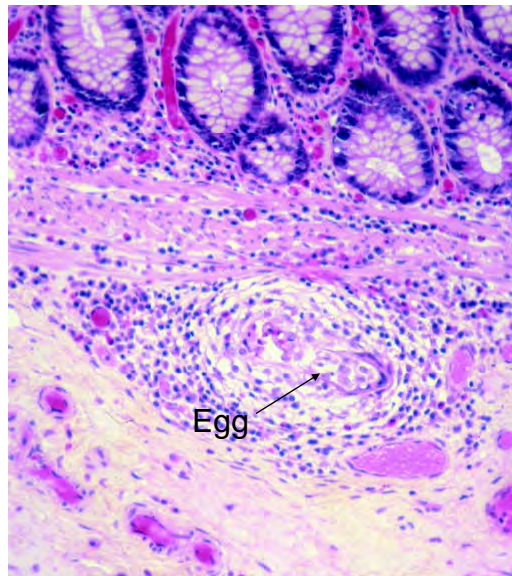
Acute Phase

1. "Katayama Fever"
2. Paralysis
3. CNS involvement

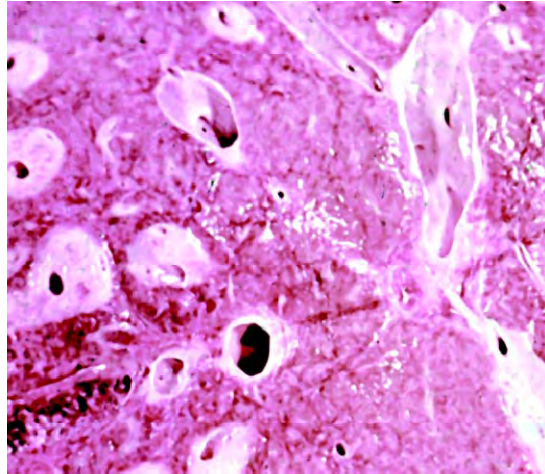
Chronic Phase

1. GI bleeding and diarrhea
2. Portal hypertension due to blockage of pre-sinusoidal capillaries
3. Esophageal varices
4. Ascites
5. Rupture of varices, bleeding, death
6. *Cor pulmonale*, right side heart failure, death
7. Toxic brain syndrome

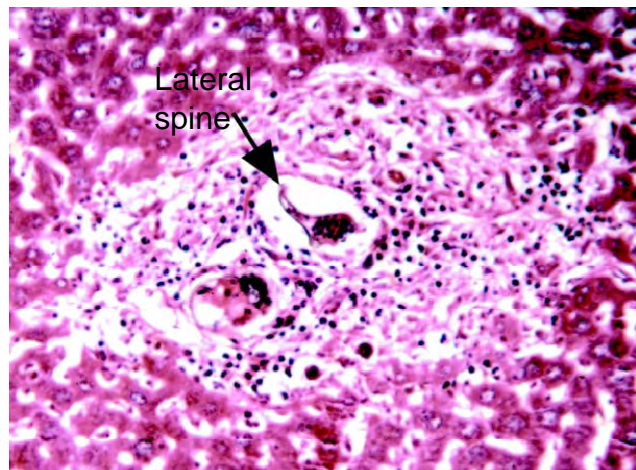
Schistosome egg in tissue of the small intestine. Note intense granuloma



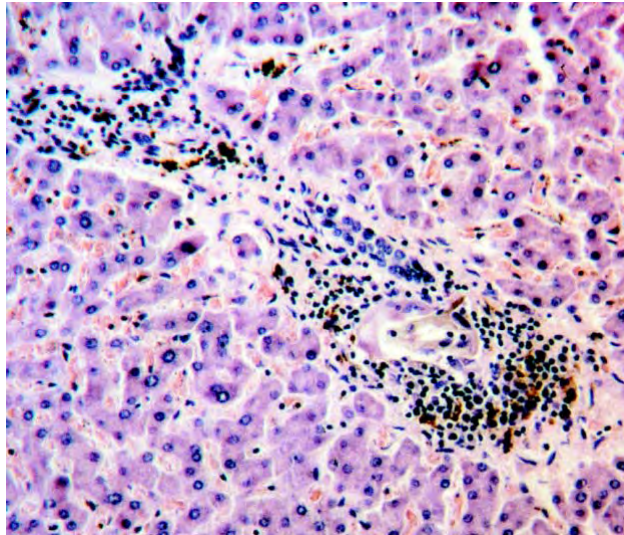
Pipe stem fibrosis in liver due to heavy infection with *Schistosoma mansoni*.
Note normal liver tissue next to fibrotic vessels



Granuloma in liver surrounding eggs of *Schistosoma mansoni*



Granuloma surrounding an egg of *Schistosoma mansoni* in liver tissue



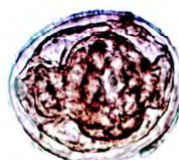
Diagnosis:

1. Microscopic examination of feces, urine, rectal "snip" for eggs.
2. Capture ELISA for detecting circulating antigens (experimental).
3. Serological tests (e.g., ELISA): indirect measure of exposure, not active disease.

Summary of Schistosome Egg Morphology



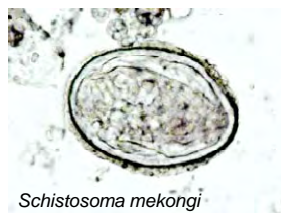
Schistosoma mansoni



Schistosoma japonicum



Schistosoma haematobium

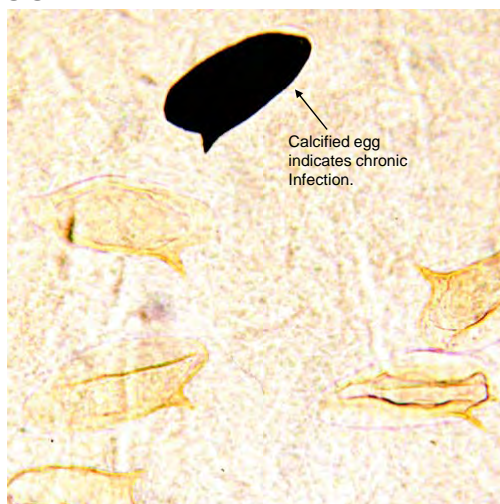


Schistosoma mekongi

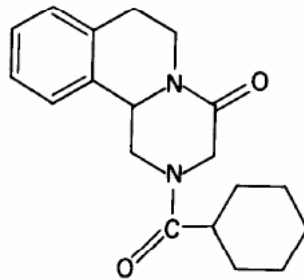
75 μm

30 μm

Biopsy of rectal tissue revealing eggs of *Schistosoma mansoni*



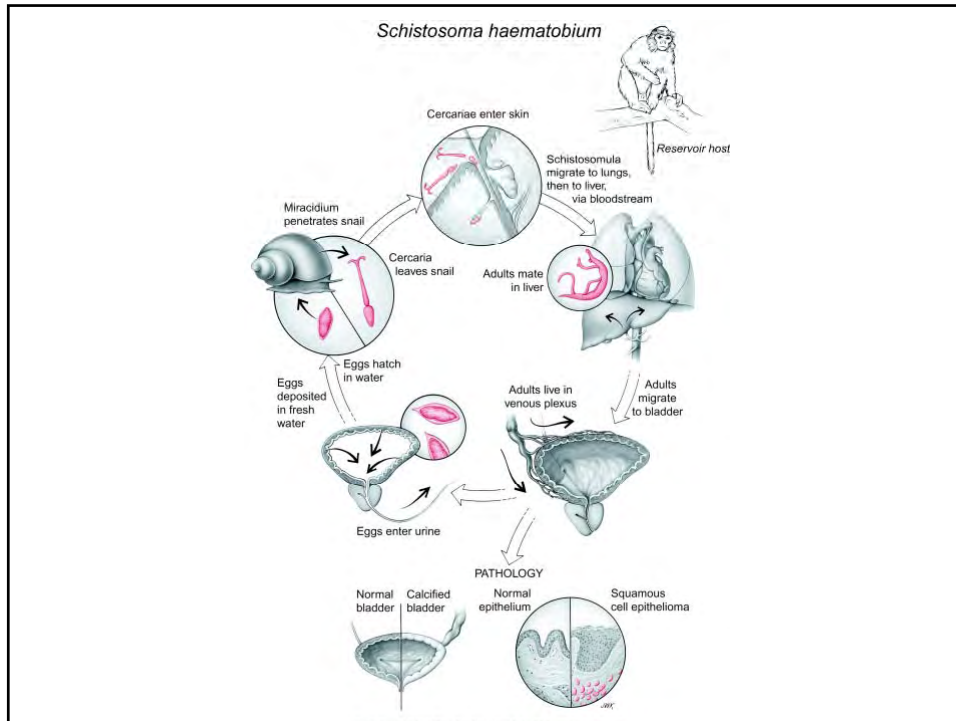
Drug of Choice:
Praziquantel



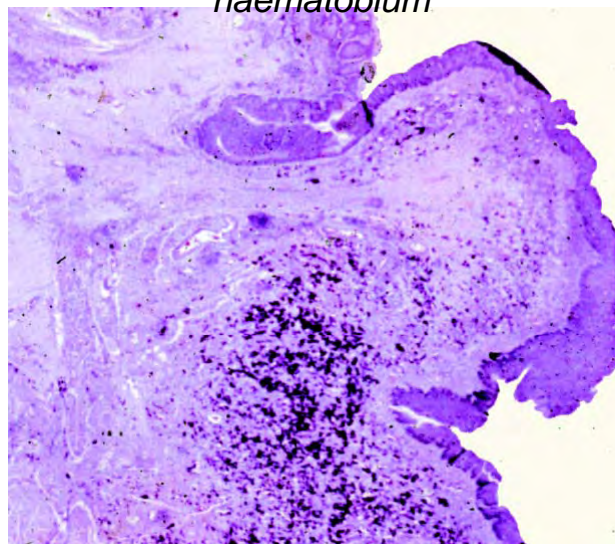
Mode of Action:

Interferes with Ca^{2+} ion channels, leads to disrupted tegument.
This drug is more effective if the patient has already developed antibodies against tegumental antigens.

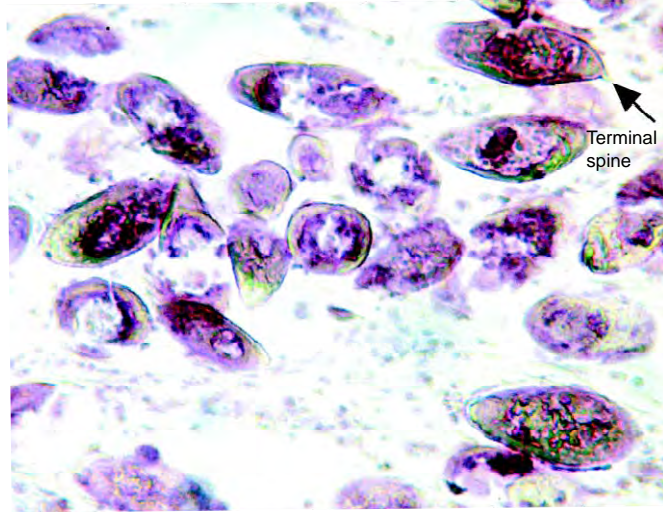
Schistosoma haematobium



Histological section of bladder with pseudopolyp due to chronic infection with *Schistosoma haematobium*



Schistosoma haematobium eggs in bladder wall



Pathogenesis:

Eggs lodge in bladder wall, induce cellular changes associated with granuloma formation.

Clinical Disease:

1. Squamous cell epithelioma

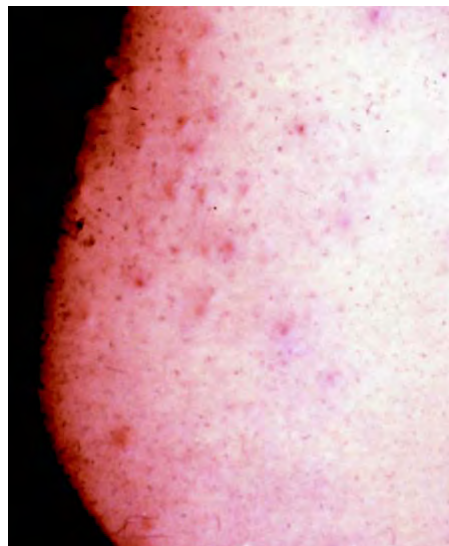


2. Calcification of dome of bladder due to accumulation of dead eggs

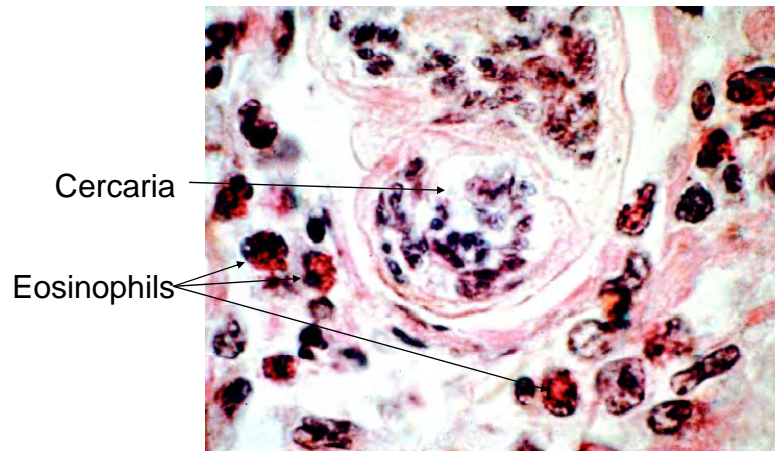


3. Hydronephrosis

“Swimmer’s Itch”



Cercaria of *Schistosoma mansoni*
in skin surrounded by eosinophils



Th2 protective mechanism:
Eosinophils and specific IgE antibodies combine to kill the paras

Medical Ecology:

Transmission is encouraged by:

1. Dam building, irrigation projects (e.g., 3 Gorges Dam, China).
2. Reservoir hosts (primates, oxen).
3. Indiscriminate dispersal of feces and urine into environ

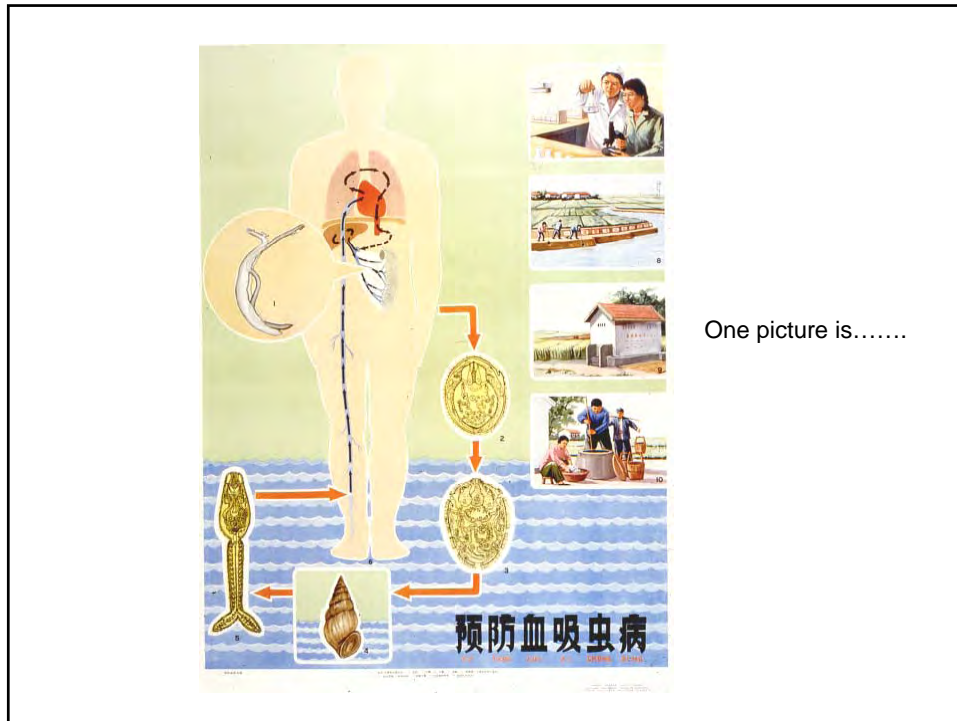


Prevention and Control:

1. Sanitary disposal of feces

Prevention and Control (cont'd)

2. Public health education.
3. Snail control.
4. Community-based drug programs (praziquantel).
5. Vaccine development for reservoir hosts (e.g., water buffalo).



One picture is.....