Dermatology Practical & Conceptual

Cutaneous Lesions from *Schistosoma haematobium*

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Case presentation

A 22-year-old male from Senegal presented with multiple pruritic papular lesions near the umbilicus, right lumbar area, and thighs (Figure 1A and B). Skin biopsy showed epidermal hyperplasia and a dense eosinophilic infiltrate with parasitic ova-like structures in the dermis (Figure 1C and D). The presence of *Schistosoma haematobium* was confirmed by polymerase chain reaction (PCR) targeting parasite-specific DNA extracted from formalin-fixed, paraffin-embedded skin tissue. Serum laboratory examinations revealed peripheral eosinophilia (2.36×10^9 per liter; normal range 0.04-0.4) and positivity for IgG antibodies against *Schistosoma* species, with other findings within normal limits. Stool and urine samples were negative. A diagnosis of cutaneous schistosomiasis was made. The patient was treated with oral praziquantel (120 mg per kilogram on day 0, repeated at six weeks), leading to complete resolution of the lesions [1].

Teaching point

Cutaneous schistosomiasis is a rare ectopic manifestation of *S. haematobium* infection [2]. Early recognition is essential for prompt diagnosis and curative therapy.

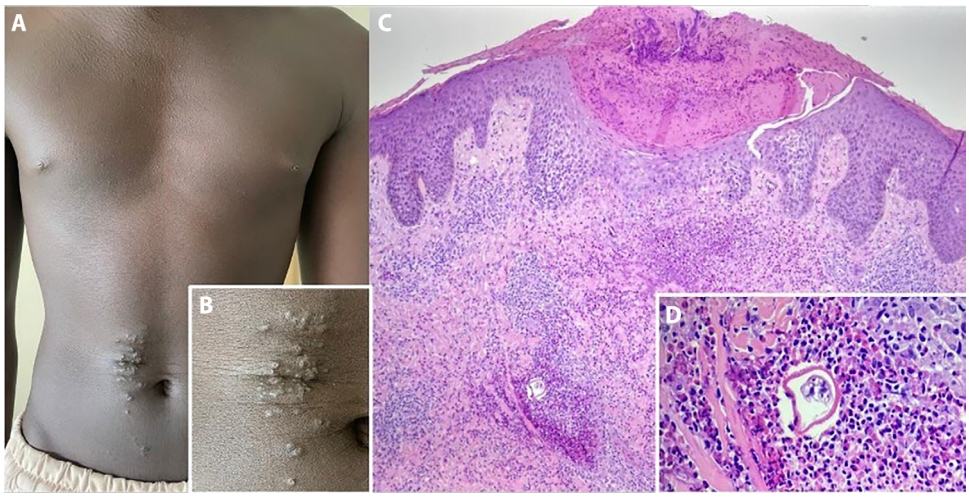

Figure 1. Multiple pruritic papular lesions near the umbilicus, right lumbar area, and thighs in a 22-year-old male from Senegal (A and B); Skin biopsy revealed epidermal hyperplasia and a dense eosinophilic infiltrate with parasitic ova-like structures in the dermis (C and D).

References

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