

## Epididymal Bilharziasis

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### ABSTRACT

The urinary bilharziasis are parasitic affections whose pathogenic agent is *Schistosoma*. Only the urogenital schistosomiasis due to the species *S. haematobium* exists in Morocco. The testicular sites of bilharziomas are rare. We report an interesting case of epididymal bilharziasis in a young man with only apparently benign nodules of the testes on imaging.

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### Introduction

Urogenital bilharziasis is a parasitic disease caused by a flat worm of the Schistosomatidae family, *Schistosoma haematobium*, a parasite of the urinary and genital venous plexus. The testicular sites of bilharziomas are rare and often pose the problem of differential diagnosis with tuberculosis and neoplastic processes. We report an interesting case of epididymal bilharziasis in a young man with only apparently benign nodules of the testes on imaging.

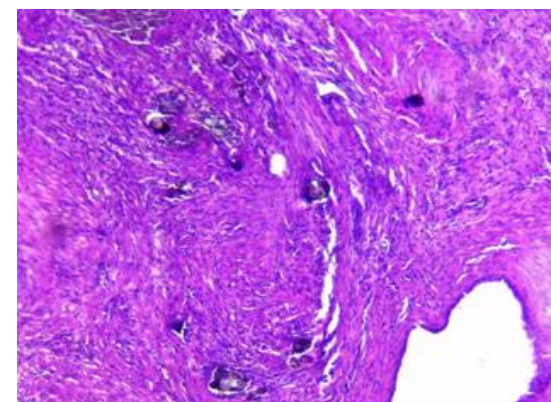
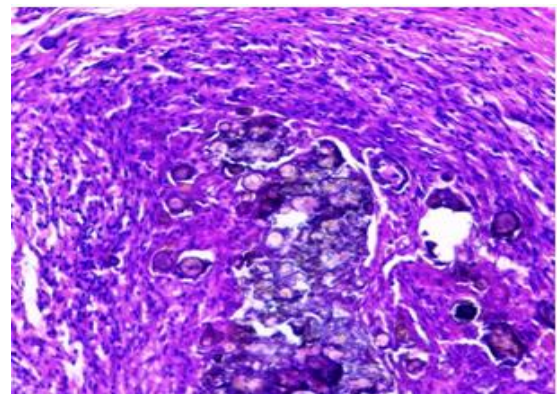
### Observation

Mr A.H, aged 19, originally from southern Morocco, no particular medical history, presents with a "lump" in his testicle that he first noticed two months earlier in a context of apyrexia and conservation condition. The clinical examination of the scrotal content resumed a painless scrotal swelling with presence of a right epididymal nucleus. Ultrasound examination of the scrotum revealed a nodular lesion heterogeneous of the right epididymis with hydrocele (Figure1).



**Figure 1. Ultrasound examination of the scrotum revealed a nodular lesion heterogeneous of the right epididymis.**

A biopsy excision followed by an extemporaneous examination which confirmed the diagnosis of an epididymal bilharziasis (Figure 2).



**Figure 2. The epididymis contains granulomas made of basophilic necrotic tissue associated with inflammatory cells and mono and multinucleate histiocytes with the presence of bilharzia eggs.**

The examination of the urine and the cystoscopy was normal.

The patient was placed under Praziquantel for 2 days with good progress.

### Discussion:

In Morocco, *Schistosoma haematobium* schistosomiasis has existed for many decades. It was located in many transmission foci, particularly in the south of the country. As noted in many statistical studies, the rate of infestation by the

parasite is higher in childhood [1]. Bladder involvement is the first site followed by ureteral involvement [2].

Testicular localization is rare and attributed to the presence of porto-cava anastomosis between the gonadal and mesenteric veins [3]. C Ze Ondo and al are published two cases in 2014 and confirmed the scarcity of testicular localization after a review of the literature [4].

The testicular nodules or bilharziomas are rare lesions and often poses the problem of differential diagnosis with tuberculosis and neoplastic processes and are often the cause of an unnecessary orchidectomy [5].

On the echographic, testicular bilharzioma typically carries a very limited hypoechoic nodular lesion surrounded by hyperechoic tissues with coarse calcifications [3].

The spontaneous evolution of urinary bilharziasis can lead to complications. Some are frequent: infectious (cystitis, pyelitis, interstitial nephritis), ureteral stenosis with terminal renal insufficiency, or even bladder cancer. The prognosis is favorable under medical treatment in evolutionary stage [6].

Treatment of urinary bilharziasis aims to eradicate the parasite, repair the excretory route, preserve renal function and prevent recurrence. Medical treatment is effective on active lesions but has no action at the fibrosis stage.

Praziquantel is almost the ideal antibilharzian, the only active agent in all varieties of schistosomiasis [7;8].

Health education, the role of water in the transmission of bilharziasis, and the importance of the use of latrines are major components of the control of bilharzian affections [7].

#### **Conclusion**

Epididymo-testicular localization of bilharziasis is rare even in endemic areas.

These signs of imaging and clinical signs are not specific hence the necessity before any testicular diffuse nodule and calcifications; in a person living in an endemic area, to think of bilharziasis.

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