

SCHISTOSOMAL POLYPOSIS; ENDOSCOPIC AND HISTOLOGIC EVALUATION OF MEDICAL THERAPY. LCDR O. T. NEBEL, MC, USNR; CDR M. F. FORNES, MC, USN; NAVAL REGIONAL MEDICAL CENTER, SAN DIEGO, CALIFORNIA, 92134

In highly endemic areas colonic polyps are a common complication of schistosomiasis. Extensive polyposis may occur and is usually associated with significant morbidity and mortality. Recent studies have shown that niridazole is an effective therapeutic agent in this condition and may be associated with polyp regression. The purpose of this study was to determine by direct visual inspection and biopsy, the effect of medical therapy in a group of patients with schistosomal polyposis. Fifteen patients with schistosomal colonic polyposis, documented by barium enema and colonoscopy, were evaluated prior to treatment. All patients had viable schistosomal eggs in the stool and on rectal biopsy. Clinical presentation was characterized by a long history of schistosomiasis with several months of diarrhea and hematochezia. Hepatosplenomegaly was a common physical finding, and laboratory examination revealed anemia in addition to abnormal liver function studies. All patients were treated with niridazole. Post-treatment studies have been completed at 3, 6, and 12 months. All patients are symptom free and have shown marked improvement in physical status, laboratory studies, barium enema, and colonoscopy. The innumerable fungating, necrotic, polypoid masses seen on initial examination have gradually regressed, while stool cultures and colonic biopsy show no viable eggs. Examination of post-treatment rectal biopsy revealed no significant histologic abnormalities. These data support the efficacy of medical therapy in the treatment of schistosomal polyposis and indicate that the polyposis may be a reversible lesion.