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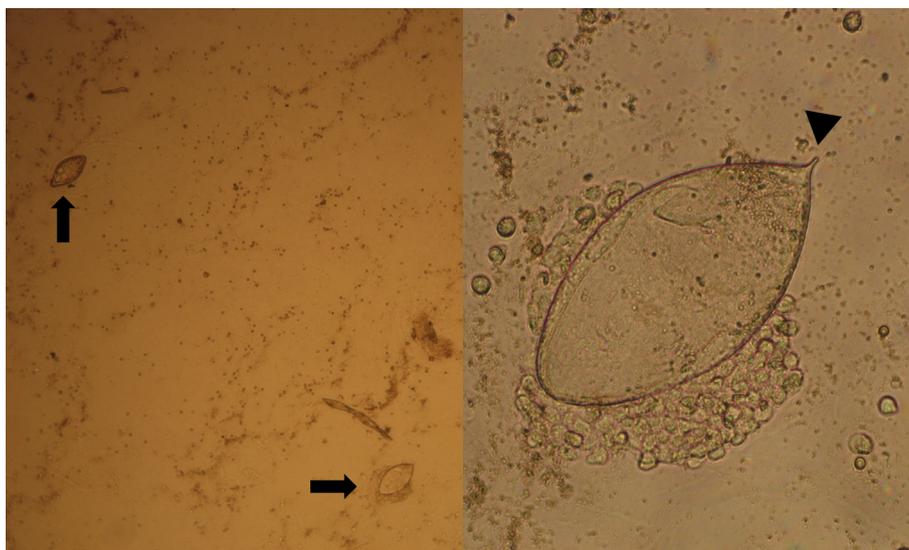


Figure 1. Eggs of *S haematobium* on fresh urine microscopy. The left panel shows 2 eggs at a low-power field (arrows). The right panel shows a schistosome egg at a higher resolution, noteworthy for the elliptical egg and typical spine tail at the edge (arrowhead).

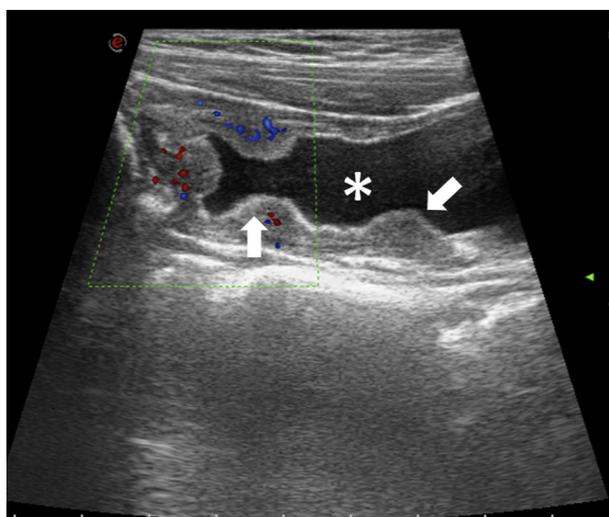


Figure 2. Bladder granulomas on ultrasonography. The asterisk shows the bladder lumen and the arrows show foci of nodular hyperplasia of the bladder walls, with enhanced Doppler signal.

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A 7-year-old girl complained of intermittent isolated macrohematuria for 2 years, without pain, fever, or weight loss. She had visited Senegal 3 years before. The physical examination result was normal, but urinalysis showed nonglomerular erythrocytes, leukocyturia, and nephritic-range proteinuria. Fresh urine microscopy showed numerous elliptical eggs with a terminal spine (Figure 1). Bedside ultrasonography showed hypervascular nodules of the bladder wall (Figure 2).

For the diagnosis and teaching points, see page e22.

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*(continued from p. e21)***DIAGNOSIS:**

Schistosomiasis. The elliptical eggs were considered diagnostic for schistosome infection, and the terminal spine is pathognomonic of the *Schistosoma* species. The eggs of this parasite affect the urinary tract and infiltrate the urothelium, causing granulomas. In our case, urinalysis demonstrated a concurrent schistosome-related glomerulonephritis. We administered 2 doses of praziquantel (20 mg/kg) and obtained a complete resolution of hematuria, with normal urinalysis and ultrasonographic results at 3-month follow-up.

Schistosome infection is a widespread parasitosis in Africa, the Middle East, and South America. *Schistosoma* is the leading cause of bladder cancer in these countries because of chronic granulomatous inflammation.¹ Abdominal ultrasonography is recommended because granulomas cause local compression, leading to complications. Schistosome-related glomerulonephritis is present in 1% to 10% of cases, whereas microalbuminuria is reported in up to 22% of them,² usually in the nephritic range. Schistosome antigens can lead to immunocomplex-mediated glomerulonephritis.³ Treatment is based on the eradication of *S haematobium*, which reverses glomerulonephritis in all cases if administered appropriately.⁴ Microscopy was pivotal in our diagnosis and should always be considered with a positive dipstick result.

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