

A Brief Note on Schistosomiasis: A Parasitic Infection

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Editorial Note

Schistosomiasis, otherwise called snail fever and bilharzia, is an infection caused by parasitic flatworms called schistosomes. The urinary tract or the digestion tracts might be infected. Symptoms include abdominal pain, diarrhea or blood in the urine. The individuals who have been infected for a long time may experience liver damage, kidney failure, infertility, or bladder malignancy. In kids, it might cause poor growth and learning trouble.

The infection is spread by contact with fresh water contaminated with the parasites. These parasites are released from infected fresh water snails. The disease is especially common among children in developing countries, as they are more likely to play in contaminated water. Other high-risk groups include farmers, fishermen, and people using unclean water during daily living. It belongs to the group of helminth infections. Diagnosis is by finding eggs of the parasite in a person's urine or stool. It can also be confirmed by finding antibodies against the disease in the blood.

Strategies of preventing the infection incorporate further developing access to clean water and reducing the number of snails. In regions where the illness is common, the drug praziquantel might be allowed once every a year to the entire group. This is done to diminish the number of people infected, and consequently, the spread of the infection. Praziquantel is likewise the treatment suggested by the World Health Organization for the individuals who are known to be contaminated.

Schistosomiasis affected about 236.6 million individuals worldwide in 2019. An expected 4,400 to 200,000 people die from it each year. The sickness is most usually found in Africa, Asia, and South America. Around 700 million individuals, in more than 70 countries, live in regions where the infection is common. In tropical nations, schistosomiasis is second to malaria among parasitic infections with the best economic impact. Schistosomiasis is recorded as an ignored tropical infection.

Signs and symptoms

Numerous people don't experience symptoms. On the off chance that indications do show up, they typically require take 4-6 weeks from the time of infection. The main symptom of the disease may be a general feeling of illness. Within 12 hours of infection, an individual may complain of a tingling sensation or light ill-advised, due to irritation at the point of entrance. The rash that may create can copy scabies and different kinds of rashes. Different side effects can happen 2 after 10 weeks and can incorporate fever, aching, a cough, diarrhea, chills, or gland enlargement. These side effects can likewise be identified with avian schistosomiasis, which doesn't create any further indications in people.

The indications of schistosomal contamination differ over the long run as the cercariae, and later grown-up worms and their eggs, move through the body. If eggs migrate to the cerebrum or spinal line, seizures, loss of motion, or spinal-cord inflammation are conceivable.

Transmission

Infected individuals discharge *Schistosoma* eggs into water by means of their fecal material or urine. After hatchlings incubate from these eggs, the hatchlings contaminate a quite certain kind of freshwater snail. For instance, in *S. haematobium* and *S. intercalatum*, it is snails of the variety *Bulinus*, in *S. mansoni*, it is *Biomphalaria*, and in *S. japonicum*, it is *Oncomelania*. The *Schistosoma* hatchlings go through the following period of their lifecycles in these snails, spending their time reproducing and developing. When this progression has been finished, the parasite leaves the snail and enters the water column. The parasite can live in the water for just 48 hours without a mammalian host. When a host has been discovered, the worm enters its veins. For half a month, the worm stays in the vessels, proceeding with its advancement into its grown-up stage.