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# Bilharziasis of the genitourinary tract

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## Introduction

The larvae of *Schistosoma haematobium* continue to develop in the veins of the infected human host and on reaching maturity, the coupled worms migrate to the veins of the vesical and pelvic plexuses, where they mate and the female begins to lay eggs. Involvement of the various urogenital organs varies markedly and appears to correlate with the extent of their venous circulation. Thus the urinary bladder, lower ends of the ureters and seminal vesicles are most commonly affected by the disease, because they have a rich venous supply. Males and females are affected equally and the distribution of the

immune response in surrounding host tissue. The cellular infiltrate is characterized by the presence of eosinophils and the overlying mucosa is raised into polypoid patches surrounded by hyperaemia. The pattern of the subsequent changes may be atrophic, proliferative or metaplastic.

Atrophic changes result from heavy submucous ova deposition with a subsequent reduction of the blood supply to the overlying epithelium. The development of secondary bacterial infection may also play an aggravating role. Eventually, erosion of surface epithelium results in the formation of bilharzial ulcers.

In hyperplasia, the number of epithelial strata is