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Diagnostic of haematuria in primary care

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Background & Aim: A 40 year old man, natural of Senegal. Resident in Spain for 7 years, has not returned to his native land. He does not know medical precedents of interest, does not take any medication, without toxic habits. He comes to our clinic because he has haematuria for 4 days. He says that he always has terminal hematuria that begun in his country when he was a child, but not like these days.

Method: Good general state.. Abdomen: depresible, without masses. Painful to the hypogastrium palpations. Given the clinical history our first suspicion is an urinary esquistosomiasis, for what we request: Abdomen X-ray: calcification in bladder of foetal head. Without other alterations Thorax X-ray: normal Analytical of blood: normal included PSA Dregs: parasites are not observed Urine test: 500 leukocytes, >100 hematies. Parasites in urine: presence of eggs of schistosoma haematobium.

Results: The patien was referred to Internal Medicine consultation with urinary Esquistosomiasis's diagnosis to complete the study with an abdominal ultrasound scans and starts the treatment with praziquantel.

Conclusions: Schistosomiasis is an acute and chronic parasitic disease caused by trematode worms of the genus Schistosoma. More than 40 million people were treated for schistosomiasis in 2013. Transmission occurs when people suffering from schistosomiasis contaminate freshwater sources with their urine containing parasite eggs. People become infected when larval forms of the parasite penetrate the skin during contact with infested water. There are two major forms of schistosomiasis intestinal and urogenital. The classic sign of urogenital schistosomiasis is haematuria. Bladder cancer is another possible complication in the later stages. The immigration is a phenomenon that affects worldwide and it implies an effort to all the doctors. They have to be update of the endemic pathologies of other zones that are not known in our country.