## An update on the role of imaging in the care of patients with intestinal schistosomiasis



Sabrina HM Yeung<sup>1,2</sup>, Rachel Lau<sup>3</sup>, Michael Klowak<sup>2,4</sup>, Candice Madakadze<sup>2</sup>, Leila Makhani<sup>2</sup>, Andrea K Boggild<sup>2,4,5</sup> <sup>1</sup>McMaster University, Hamilton, Canada. <sup>2</sup>Toronto General Hospital, Toronto, Canada. <sup>3</sup>Public Health Ontario Laboratories, Toronto, Canada. <sup>4</sup>University of Toronto, Institute of Medical Science, Toronto, Canada. <sup>5</sup>University of Toronto, Department of Medicine, Toronto, Canada.

### **BACKGROUND:**

- Intestinal schistosomiasis leads to significant morbidity and mortality worldwide, including severe hepatic disease with peri-portal liver fibrosis, portal hypertension and subsequent esophageal varices
- Previous guidelines recommended the use of abdominal imaging to detect early hepatic changes, thereby improving disease outcome [1]
- There are no recently published or authoritative resources to guide the utilization of imaging in the initial diagnosis of schistosomiasis

### **METHODS:**

The search strategy was:

Schistosomiasis	Medical Imaging	Liver		
Schistosomiasis	СТ	Liver		
Schistosoma	Computed	Periportal fibrosis		



mansoni		tomography		
Schistosoma japonicum		Ultrasound		Hepatic
		Ultrasonography		Echogenic
	Α	MRI	A	Hepatosplenic
	N D	Magnetic resonance imaging	N D	Portal hypertension
		Echo imaging		
		Sonography		
		Sonogram		
Schistosomiasis OR (Schisto* AND (mansoni OR japonicum))		CT OR (computed AND tomography) OR Ultraso* OR Sonogr* OR MRI OR (Magnetic AND resonance AND Imaging) OR Echo OR Imaging		Liver OR periportal OR peri-portal OR fibrosis OR hepat* OR echogenic* OR (portal AND hypertension)

- Searched MEDLINE, Embase, Cochrane Library of Systematic Reviews, Epistemonikos, Global Health, NICE, TRIP and LILACS from database inception to February 28, 2019
- Screening was by two reviewers and a tertiary arbitrator and data extraction will be by two reviewers
- Metanalysis was performed on R (Version 4.2.2)



### Breakdown of schistosomiasis patients and liver disease



### Of the 4,077 participants examined across 11 studies, the **pooled prevalence** of periportal fibrosis was **65%** and in Brazil, specifically it was



# Abdominal ultrasound is an important **diagnostic tool** in the diagnosis of schistosomiasis related disease.

### **RESULTS:**

Prevalence of periportal fibrosis across 11 studies

Sub-analysis of prevalence of periportal fibrosis in Brazil

Study	Events	Total			Proportion	95%-CI	Study	Events	Total	Proportion	95%-CI
Ndamba 1991	148	315			0.47	[0.41; 0.53]				 	
Domingues 1993	121	176		<u> </u>		[0.61; 0.76]	Domingues 1993	121	176	 0.69	[0.61; 0.76]
Tanabe 1997	155					[0.46; 0.58]	Tanabe 1997	155	299	 0.52	2 [0.46; 0.58]
Burchard 1998	272					[0.53; 0.62]	Barata 1999	5	26	 0.19	[0.07; 0.39]
Barata 1999	5					[0.07; 0.39]	De Jesus 2000	156	164	-+ 0.95	[0.91; 0.98]
De Jesus 2000	156	164		4		[0.91; 0.98]	Prata 2010	128	411	 0.31	[0.27; 0.36]
Hoffman 2001	131	561				[0.20; 0.27]	Silva 2013	170	178	-+ 0.96	[0.91; 0.98]
Prata 2010	128	411	- 1			[0.27; 0.36]	Santos 2007	30	30		[0.88; 1.00]





- It studies included in this preliminary analysis
- 9 cross sectional and 2 case control
- All diagnosed with Schistosoma mansoni
- All studies used ultrasound imaging (none with CT or MRI)

### **DISCUSSION:**

- Abdominal imaging is able to detect liver fibrosis in the absence of clinical disease [9]
- Synthesizing the current literature on abdominal imaging in the evaluation of schistosomiasis can translate into clinical recommendations for improved risk stratification and management of schistosomiasis, and thereby overall improvement of disease outcomes

### **References:**



**Contact:** Dr. Andrea K. Boggild E-mail: andrea.boggild@utoronto.ca



