Reviewer's report

Title: Schistosomiasis manifesting as a colon polyp: a rare finding

Version: 2 Date: 27 May 2014

Reviewer: Joannes Clerinx

Which of the following best describes what type of case report this is?: An unexpected association between diseases or symptoms

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Comments

General comments:

Not well focused in its discussion: the real topic is here: diagnosis of schistosomiasis in migrant.

Serious flaws in reporting diagnostic methods and workup. Case report could be shortened, because limited interest

Discussion:

P3:

Mortality is limited, but morbidity widespread. Most of intestinal morbidity is mild in light to moderate infections.
Means of diagnosis: serology substrate is not CAA or CCA but purified whole worm antigen and/or egg antigen. CAA and CCA are excreted in urine and used as antigen test to establish active infection. Efforts are under way to detect antigen in serum, but results are not good in light infections. These tests are not used to diagnose schistosome infection. There are substrates of schistosome antigen tests, not schistosome antibody tests?

Read: Van Gool T., Vetter H., Vervoort T., Doenhoff M.J. Serodiagnosis of imported Schistosomiasis by a combination of a commercial hemagglutination test with Schistosoma Mansoni adult worm antigens and a enzyme-linked immunosorbent assay with S. Mansoni egg antigens. Journal of clinical microbiology 2002; sept: 3432-3437

Please correct, and describe the role of antibody detection as a screening test for infection in travelers and migrants from endemic countries.

In chronic disease, as long there are living adult schistosomes producing eggs, these eggs have a living miracidium, to be found in rectocolonic mucosa. Calcified (devitalized) eggs may persist in tissues many months/years after curative treatment.

Highlight the potential benefit for diagnosis using “rectal snips”.

“sub mucosal hyperblastosis”: what is this?

Fibrosis is not a prominent clinicopathological feature of colon affected by intestinal schistosomiasis but rather follows egg embolization in periportal liver spaces.

“The follow up and the efficacy of treatment can be assessed by serology, since loss of circulating antigens indicates cure”.

Do not confound serum antibody tests (very sensitive but persisting for years after successful treatment) and antigen tests (CAA/CCA) that are not very sensitive (may miss light infection), not yet available in a routine clinical setting, and turning negative after successful treatment.

Talk about the role of eosinophil count in early and in active schistosome infections.

Failures are rare with praziquantel. Consider the therapeutic aim of praziquantel treatment: “substantial worm load reduction” is the main aim, and a single treatment with praziquantel is therefore sufficient in light infections. A repeated treatment may be indicated in moderate to severe infections.

Mention also the (imperfect) correlation between egg excretion and worm burden.

To halt the symptoms, “eradication” is not necessary. Mentioning oxamnique.
and trioxolane is therefore not really appropriate here.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Declaration of competing interests:**

none