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Eggs in the kidney

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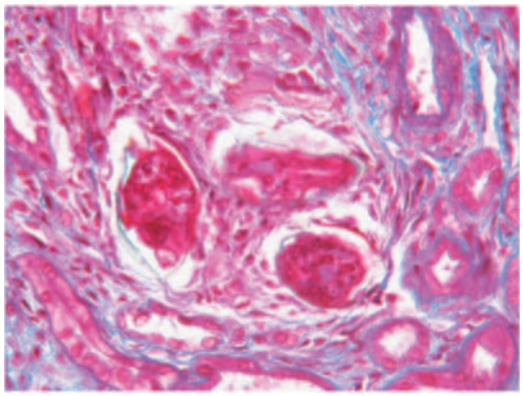

Figure 1 | Renal granuloma around the eggs of *Schistosoma hematobium*. Masson's trichrome. Magnification × 400.

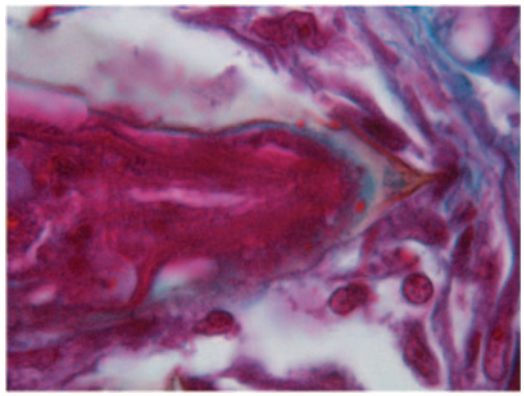

Figure 2 | Apical spine of *Schistosoma hematobium*. Masson's trichrome. Magnification × 1000.

A 12-year-old child from Senegal developed nephrotic syndrome without hematuria but with kidney failure (serum creatinine, 1.8 mg/dl), hypertension, and anemia. There were no signs of an inflammatory syndrome or viral infection. Renal biopsy revealed type I membranoproliferative glomerulonephritis with crescents, and, in addition, a marked interstitial inflammation with granulomas (Figure 1), which surrounded the eggs with an apical spine (Figure 2). These findings were consistent with *Schistosoma hematobium* infection, and anti-schistosoma treatment with 2 doses of praziquantel (40 mg/kg = 1.6 g) (Biltricide) 15 days apart was initiated. Six months later, nephrotic syndrome persisted but renal function improved, with the serum creatinine level at 1.1 mg/dl.

Schistosoma mansoni infection has been associated with glomerulonephritis in endemic areas. In contrast, renal lesions associated with *Schistosoma hematobium* infection are due to the granulomatous response to parasitic antigens and characteristically leads to obstructive and reflux nephropathy. The present case is an unusual example of *Schistosoma hematobium* infection associated with both immune complex glomerulonephritis and granulomatous interstitial nephritis.