

Pulmonary schistosomiasis in a young male: A case report and review of the literature

Sir,

I read with interest the case report by Hajjar *et al.*^[1] on the pulmonary schistosomiasis (PS) in a 23-year-old Yamani male patient. The authors nicely described the clinical picture, findings of imaging and histopathological studies, interventional bronchoscopy and bronchoalveolar lavage, and the treatment plan in the studied patient. I presume that the rare presentation of schistosomiasis as a pulmonary abscess necessitating thoracoscopy and excision should trigger the authors to take into consideration the underlying defective immune status in the studied patient. Among

defective immune states, human immunodeficiency virus (HIV) infection is of paramount importance. Actually, there is a close correlation between schistosomiasis and HIV infection that could be explained in dual aspects. On the one hand, it is obvious that due to altered immunity, individuals infected with HIV are more susceptible to various types of bacterial, viral, mycotic, and parasitic infections compared to immune-competent individuals. Among parasitic infections, 17% of HIV-positive patients were reported to be serologically positive for schistosomiasis.^[2] On the other hand, schistosome infection has been found to increase the

odds of HIV acquisition, and it raised the HIV viral load at the time of HIV seroconversion.^[3] To my knowledge, HIV infection is an important health threat in Yemen. The published data in 2016 pointed out the substantial adult HIV seroprevalence (1%).^[4] The HIV threat in Yemen is further escalated by the notion of the relative deficiency in general public knowledge on HIV infection, misconceptions on the modes of transmissions, and intolerant attitudes toward HIV/AIDS-positive persons.^[5] I, therefore, presume that underlying HIV infection needed to be considered in the studied patient. Hence, the arrangement for the diagnostic workup of blood CD4 lymphocyte count and viral overload estimations was solicited. If that workup was contemplated and it disclosed HIV infection, the case in question could be truly considered a novel case report. This is because HIV-associated PS has never been published in the world literature to date.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.


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