FEMALE GENITAL
SCHISTOSOMIASIS

World Health Organization

For women and girls who present with urogenital symptoms and who have had contact with fresh water in countries endemic for schistosomiasis, the diagnosis of female genital schistosomiasis (FGS) must be considered.

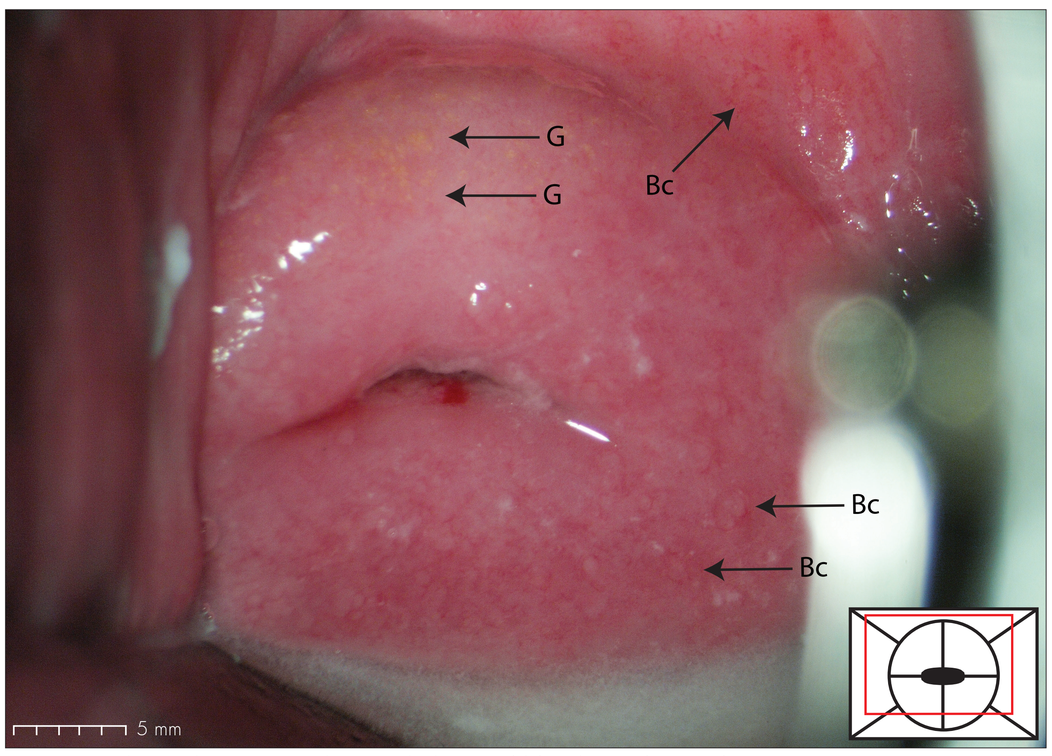
FGS is diagnosed by visual inspection of characteristic lesions on the cervix and vaginal wall. Visualization can be improved by using a digital camera or a colposcope. Current laboratory techniques are inadequate for diagnosing FGS. If one FGS case is seen, there are probably many others in the same area. All who have used the same source of water are at risk. It is especially important to identify children who may have early schistosomiasis.

The WHO-recommended treatment for schistosomiasis is PRAZIQUANTEL 40 MG/KG AS A SINGLE DOSE.

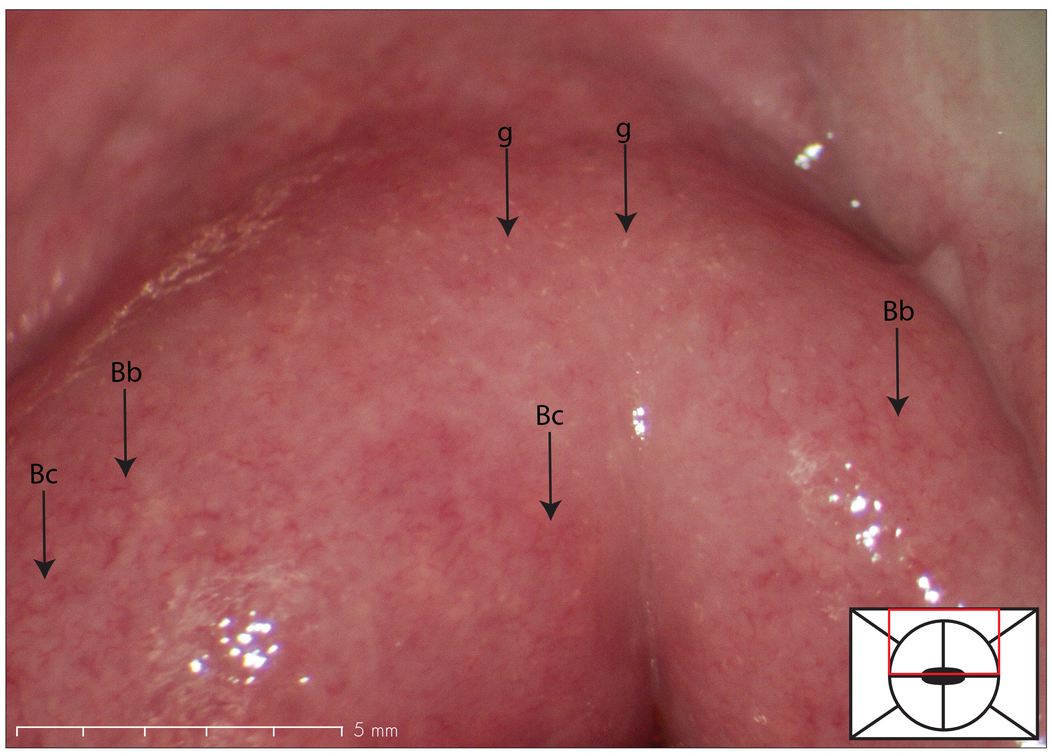
Regular treatment with praziquantel during preventive chemotherapy activities (mass drug administration) to communities and schools in endemic areas is an important public health intervention against FGS. Dosage is determined by measuring height using a dose pole.

Treatment kills the adult worms and prevents new FGS lesions.

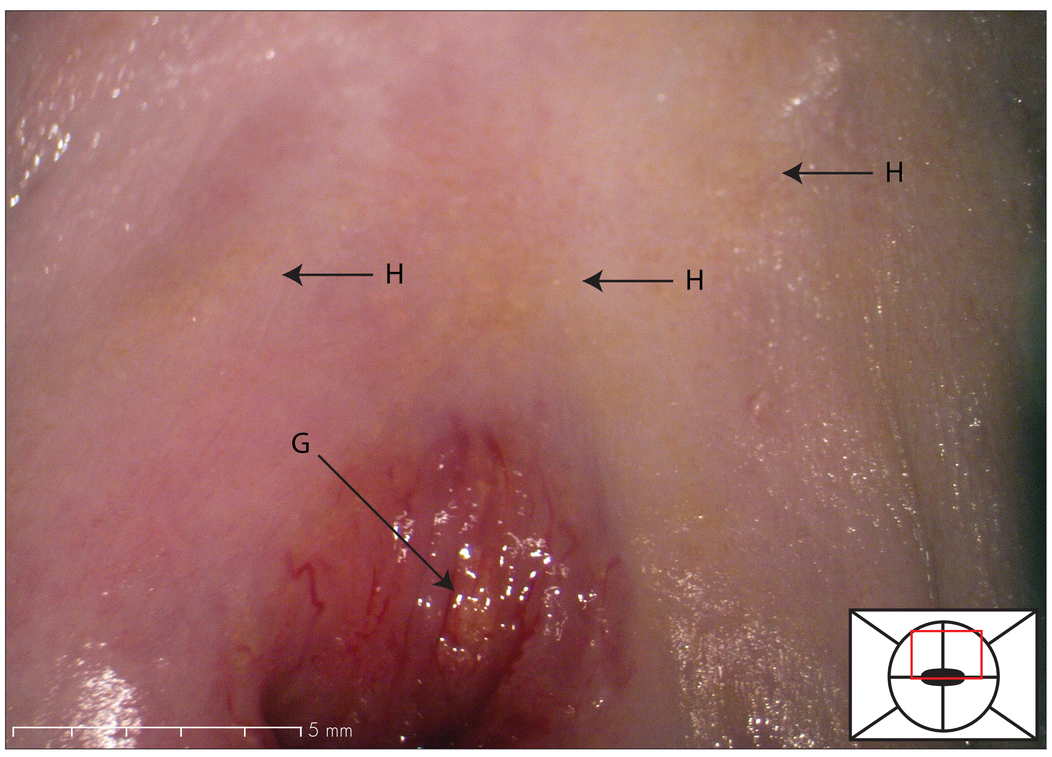
For further information and examples on FGS, please refer to the *WHO Female Genital Schistosomiasis Pocket Atlas* (2015).



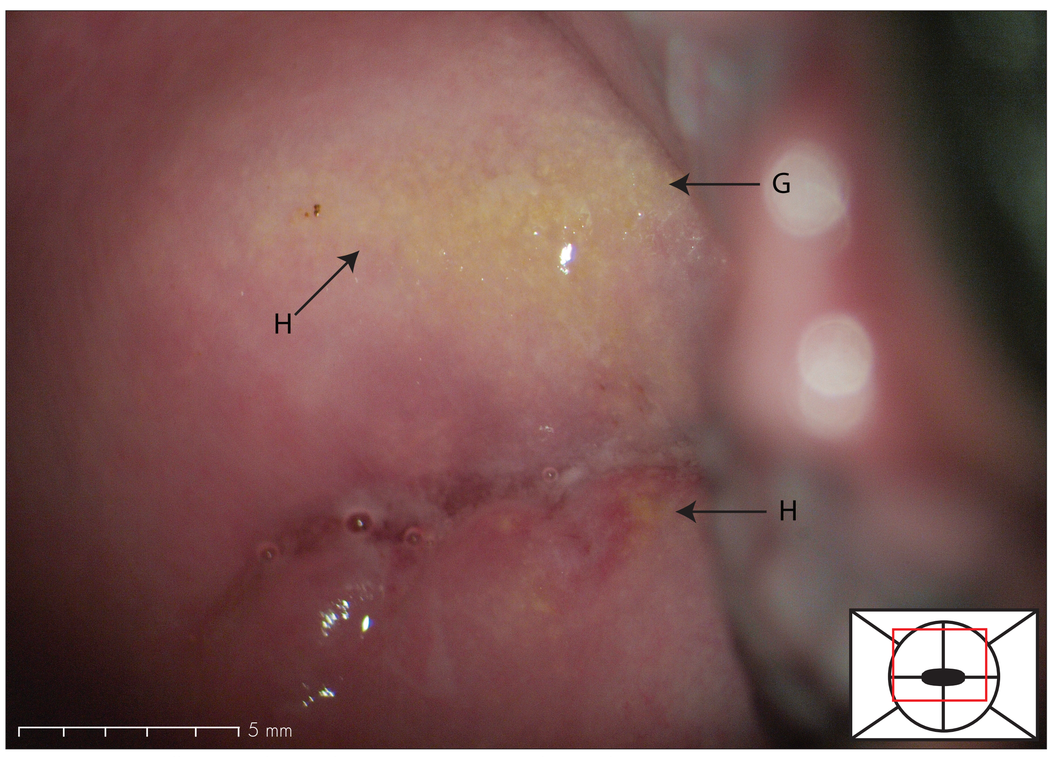
Grainy sandy patches (G). Widespread abnormal blood vessels: circular (Bc).
The discharge shown is candidiasis.



Sandy patch appearing as single grains (g). Widespread abnormal blood vessels: circular (Bc) and branched (Bb).



Homogenous yellow sandy patches (H). Grainy sandy patches (G).



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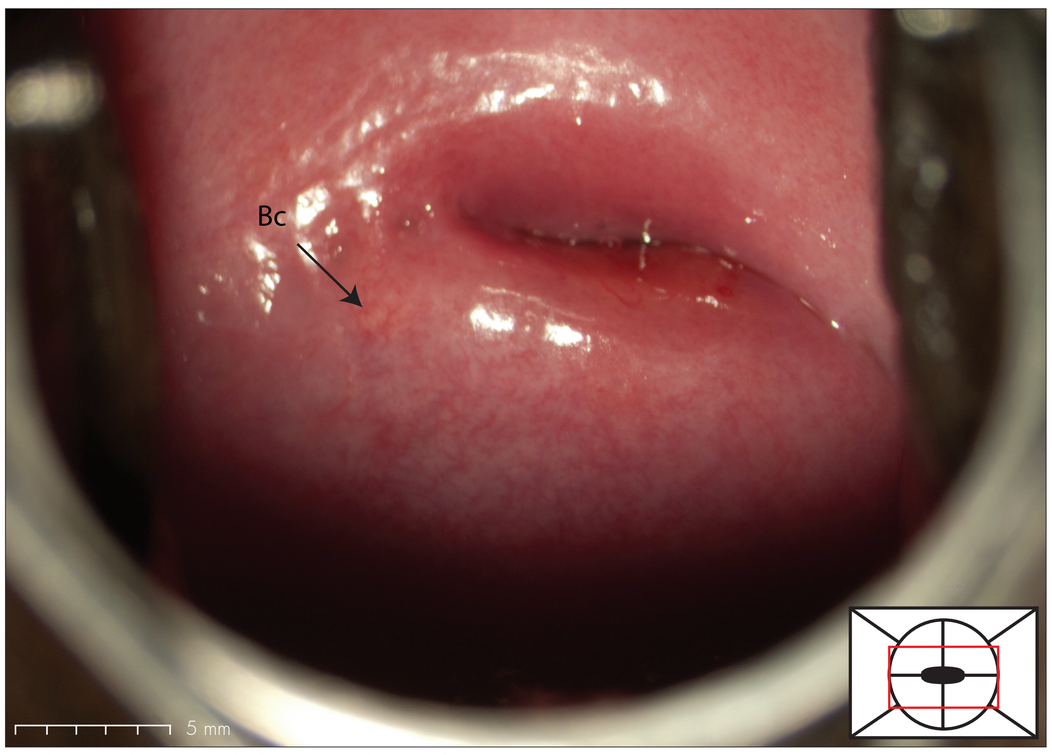
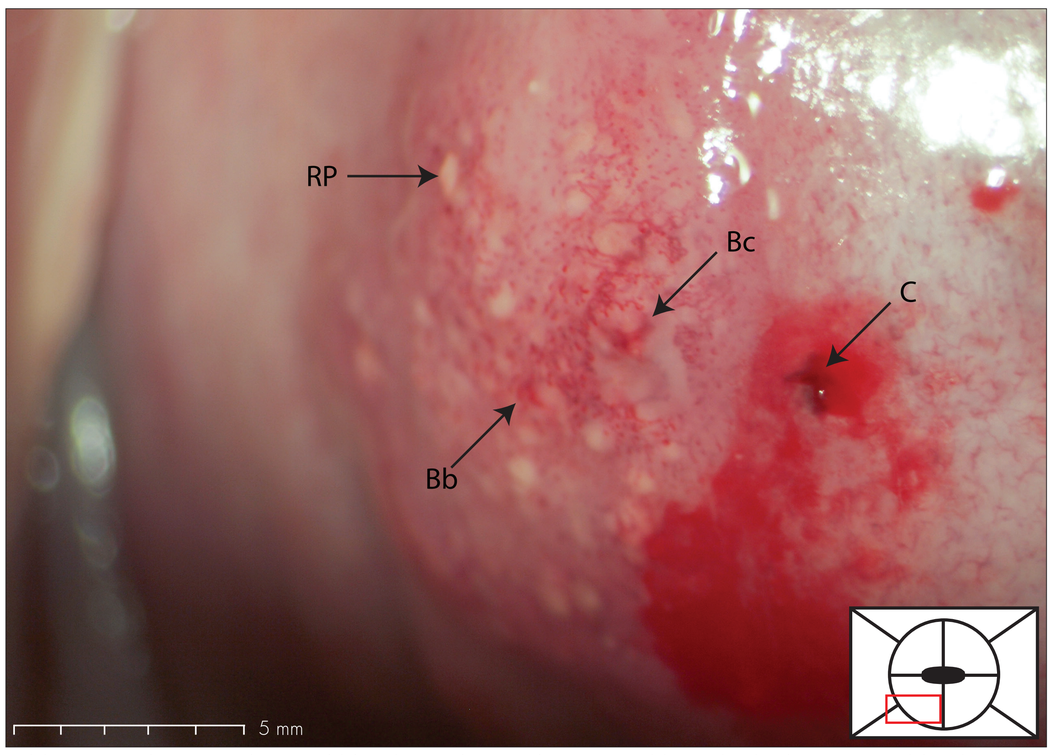


Widespread abnormal blood vessels: circular (Bc).



Rubbery papules (RP). Abnormal blood vessels: circular (Bc) and branched (Bb). Contact bleeding (C).