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#### TITLE

**DESCRIPTION OF THE CLINICAL ASPECTS OF SCHISTOSOMIASIS CASES IN SANTO ANTÔNIO DE JESUS, BETWEEN 2017 AND 2023**

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#### ABSTRACT

**Objective:** To describe the clinical data of schistosomiasis cases in Santo Antônio de Jesus (SAJ) from 2017 to 2023.

**Methodology:** This is an observational, cross-sectional, and descriptive study. The data were obtained from schistosomiasis notification forms available at the Municipal Health Department of SAJ, Bahia, from 2017 to 2023. The evaluated data included the diagnostic method, clinical form and clinical presentation (symptoms and signs). They were organized in an Excel spreadsheet according to a pre-structured model. Given the secondary nature of the data, it was not necessary to submit them to the Research Ethics Committee. Statistical analysis was performed by calculating the frequency and percentages of nominal qualitative variables.

**Results:** A total of 112 cases of schistosomiasis were reported. Regarding the diagnostic method, 40 (37.7%), 38 (34%), and 12 (11%) cases were confirmed/suspected by stool parasitological examination, serology, and abdominal ultrasound, respectively. The stool parasitological examination was negative in 18 (16%) cases, and in 15 (83%) of these cases, serology was positive. In terms of clinical form, 9 (8%) had the hepatosplenic form, 4 (4.5%) had only the hepatic form, 3 (2.7%) had only the splenic form, 5 (4.4%) had the intestinal form, 3 (2.7%) had the hepato-intestinal form, 3 (2.7%) had the neurological form, and 1 (0.9%) had the hepato-renal form. In terms of clinical presentation, 9 (8%) reported abdominal pain, diarrhea, nausea, and vomiting; 6 (5.34%) reported portal and splenic impairment, skin rashes, neurological symptoms, esophageal problems, and myalgias.

**Conclusion:** In the last 6 years, 112 cases of schistosomiasis were reported in SAJ. Although serology does not distinguish between current or past infection, it was also considered for diagnostic evaluation, being positive in a proportion similar to that of stool parasitology (about 40% of cases) and in more than 80% of cases with negative stool parasitology. These data highlight the need for new methods with greater sensitivity and precision, as well as indicating that the diagnostic criteria for the disease should be revised.

Hepatosplenic, hepatic, splenic, and neurological forms were the most common, signaling possible severity in clinical presentation in SAJ. It is suggested that, since the cases originate from an endemic area, repeated exposures in contaminated environments likely occurred, leading to a higher parasitic load. The description of clinical presentation occurred in few cases, which may be related to underreporting.

This study provided updated clinical data on schistosomiasis in SAJ, a key city in the Recôncavo region of Bahia and part of the Northeast macroregion, considered an endemic zone for the disease in Brazil. With an extensive hydrographic basin, the study of schistosomiasis in SAJ can aid in understanding the biological, socio-epidemiological, and behavioral factors involved in the transmission of the disease.

#### KEYWORDS

Clinic; Schistosomiasis; Santo Antônio de Jesus

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