

Female Genital Schistosomiasis: A Neglected Gynaecological Manifestation of Urogenital Schistosomiasis in Nigeria

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Abstract

Female genital schistosomiasis (FGS) is a devastating yet overlooked gynaecological condition caused by chronic infection with *Schistosoma haematobium*, a parasitic worm endemic in sub-Saharan Africa, including Nigeria. Despite its profound impact on women's reproductive health, FGS remains a neglected aspect of urogenital schistosomiasis, with limited awareness, diagnostic capacity, and treatment options. This short communication highlights the urgent need to address FGS as a public health priority in Nigeria and other endemic regions.

Keywords: Female genital schistosomiasis, *Schistosoma haematobium*, Reproductive health, Neglected tropical diseases, Nigeria

1. Introduction

Nigeria bears the highest burden of schistosomiasis globally, with an estimated 29 million cases of urogenital schistosomiasis, predominantly caused by *S. haematobium* (Hotez & Kamath, 2009). FGS, a manifestation of this infection, occurs when schistosome eggs become trapped in the genital tract, leading to inflammation, fibrosis, and tissue damage. Common symptoms include genital itching, pain during intercourse, abnormal vaginal discharge, and post-coital bleeding (Kjetland et al., 2012). These symptoms are often misdiagnosed as sexually transmitted infections (STIs) or other gynaecological conditions, leading to inappropriate treatment and prolonged suffering.

FGS has far-reaching consequences for women's health and well-being. Chronic inflammation and scarring can lead to infertility, ectopic pregnancy, and increased susceptibility to HIV (Secor, 2014). The psychological and social impact is equally profound, as women with FGS often face stigma, marital discord, and reduced quality of life. In Nigeria, where cultural norms place a high value on fertility and marital stability, FGS exacerbates gender inequalities and perpetuates cycles of poverty.

Despite its significant burden, FGS remains neglected in global health agendas. It is absent from most national schistosomiasis control programs, and healthcare providers often lack the training and resources to diagnose and manage the condition (Christinet et al., 2016). Diagnostic tools for FGS are limited, with colposcopy and histopathology being the gold standards—methods that are rarely available in resource-limited settings. Furthermore, praziquantel, the primary treatment for schistosomiasis, is less effective in reversing advanced FGS pathology, underscoring the need for early diagnosis and intervention.

Call to Action

FGS must be recognized as a critical public health issue. Health education campaigns targeting communities, healthcare providers, and policymakers are essential to raise awareness and reduce stigma. Affordable, point-of-care diagnostic tools for FGS are urgently needed to facilitate early detection and treatment. FGS management should be integrated into existing sexual and reproductive health services, including HIV and STI programs. Increased funding for FGS research is critical to better understand its epidemiology, pathophysiology, treatment with praziquantel and long-term outcomes.

Conclusion

Female genital schistosomiasis is a silent epidemic that disproportionately affects women and girls in Nigeria and other schistosomiasis-endemic regions. Its neglect in public health discourse and practice is a glaring injustice that demands immediate attention. By prioritizing FGS in national and global health agendas, we can improve the lives of millions of women and advance gender equity in health.

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Data availability

No datasets were generated or analyzed during the current study.

Declarations

Ethics approval and consent to participate

Not applicable. This study did not involve human or animal subjects.

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Competing interests

The authors declare that they have no competing interests.

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