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Short Report

Mebendazole in the treatment of *Schistosoma haematobium*

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Mebendazole is a broad spectrum antihelminthic drug used in treating patients infected with various species of helminths. It is active against both gastrointestinal and tissue-stage helminths and is well tolerated in the high doses needed to kill the latter. This report concerns two cases of *Schistosoma haematobium* infection treated with mebendazole.

Both patients were male; one was 30 years old and the other was 25. They presented with recent onset of lower abdominal pain, dysuria and frequent terminal haematuria. Physical examination showed suprapubic tenderness. Urine analysis revealed abundant red blood cells and *S. haematobium* eggs. After informed consent the patients were treated with 1 gram per day of mebendazole orally, given in two equally divided doses; they were advised to attend the clinic daily for follow-up (physical examination and urine analysis) and to report any side effects. Urine analysis showed a great reduction in the number of *S. haematobium* eggs at 3-5 days and eggs were not detectable by 10 days after the commencement of treatment. All clinical symptoms disappeared within 2 weeks. No side effect was noted and at six months follow-up the patients' condition was normal.

Schistosomiasis is one of the most important helminth disease because of its worldwide distribution and the serious pathological changes produced by the parasite and eggs. Urinary schistosomiasis is endemic in Iraq (HAMAMI, 1960). Our recent report suggested a role for schistosomiasis in the aetiology of bladder cancer and the importance of preventive measures (AL-ANI & AL-WAILI, 1985). The control of schistosomiasis relies largely on population-based chemotherapy and repeated drug administration to infected individuals. Older drugs used in the treatment of schistosomiasis have considerable side effects and, although safe, effective drugs such as praziquantel and metrifonate have become available, differences in drug susceptibilities and the possible development of drug resistance made a trial of the less toxic drug, mebendazole, advisable.

Mebendazole may be not only active against schistosomiasis but may also stimulate humoral and cell-mediated immunity as happens with other helminthiases treated by mebendazole (KAMATH *et al.*, 1985). The high dose of mebendazole used in this trial was not associated with side effects and it has been shown that doses as high as 150 mg/kg/day of mebendazole are safe at least for short periods (CAMPBELL *et al.*, 1974).

Although this study showed the value of mebendazole in the treatment of schistosomiasis, it is too early to reach any firm conclusion and other trials with larger numbers of patients are required.

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