AIM OF WORK & INTRODUCTION

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Aim of work:

We are aiming to clarify the possible data or facts that may be responsible in some way or another to the occurence of malignant bladder as a complication of bilharziasis, compared to its absens with intestinal bilharziasis.

In other words, in this study we will try to answer the question:

Why there are high incidence of cancer bladder among patients with chronic infection with bilharziasis while there are no evidence of malignancy with chronic intestnal bilharziasis among Egyptians. We will study the chemico-pathelogical changes of urine, stool, and serum of patients with urinary, and intestinal bilharziasis with their malignant transformation comparing it to findings of normal control.

Immunological study of "T-lymphocyte function" of patients of urinary and inlestinal bilharziasis and their complications is also compared to normal controls.

Introduction:

The high incidense of urinary bladder cancer and its

common asseciation with vesieal schistosomiasis was a subject for diseusion during the last seventy five years. A large number of reports have been made on this problem. [Milton (I902), Fergouson (I9II), Sorour (I928), Ibrahim (I928), Makar (I942) (I950) and halawani (I955)].

Most authers attribute the high incidence to the chronic long standing irritation of the bladder epithelium resulting from the repeated insults produced by the ova.

On the other hand some others proposed other theories beside Bilharsial infestation. Dolby and Moro (I924), Galfand (I950), Wright (I950): and Elgazayerly (I954).

However despite the great tendency of most authors to relate vesical carcinoma to schistosomiasis, such a relationship has not been scientifically proved and as Makar (I950) stated "We are still on the dark as to the real carcinogenic factors of cancer of bilharzial bladder". It is well known that schistosoniasis in Egypt is and occupational disease prevalent among agricultural labourers and it really stands as a national problem. As the majority of cases of vesical carcinoma in Egypt occur in

subjects of chronic urinary schistosomiasis. The first aim of every workers on the subject should be centered on attempts at establishing, by scientific means the relationship between schistosomiasis and cancer bladder, as if this is revealed, methods of prophylaxis can be adopted and rigidly controlled.

Hashem (I96I) , El-Sebai (I962) attributed malignant transformation to chronic bilharzial infection and sepsis.

Ashour M,. (I96I)atributed malignant transformation to chronic bilharzial infection and sepsis when there are stasis of urine. Aboul-fadl et al (I963) said that the high incidence of cancer bladder with schistosomiasis is due to some enzymes in serum that are excreted in urine and are carcinogenic.

Recent studies indicate that patients with bladder cancer may have decreased immuno-compitence as measured by impaired delayed cutaneous (hyper-sensitivity) to skin test agents such as DNCB [Cooper (I973); Catalona (I975)] and decreased levels of Thymus derived (T-lymphocytes) in their peripheral blood. Only more recently has it been appreciated that chronic schistosomiasis also may be associated with impaired immunologic function as manifested by decreased responsiveness of lymphocyte to both

phytomitogen (Pelly 1976). Conversely there may be increased humoral antibody production directed against parasite associated antigen. The formation of immune complexes, and the development of multiplicity of immunopathologic lesion (warren 1976). Patients with bilharzial bladder cancer, therefore may be doubly at risk to develop severe impairement of immunologic function since both the cancer and the chronic infection are each independantly associated with varying levels of immune incomptence.

This study is performed with patients from Kafr El-Sheikh Governerate (one of the northern districts of Nile Delta) Bilharzia is considered as an endemic disease affecting most people.