BENIGN ULCER
IN
BILHARZIAL BLADDER

Essay

Submitted for Partial Fulfillment
of Master Degree in
General Surgery

By

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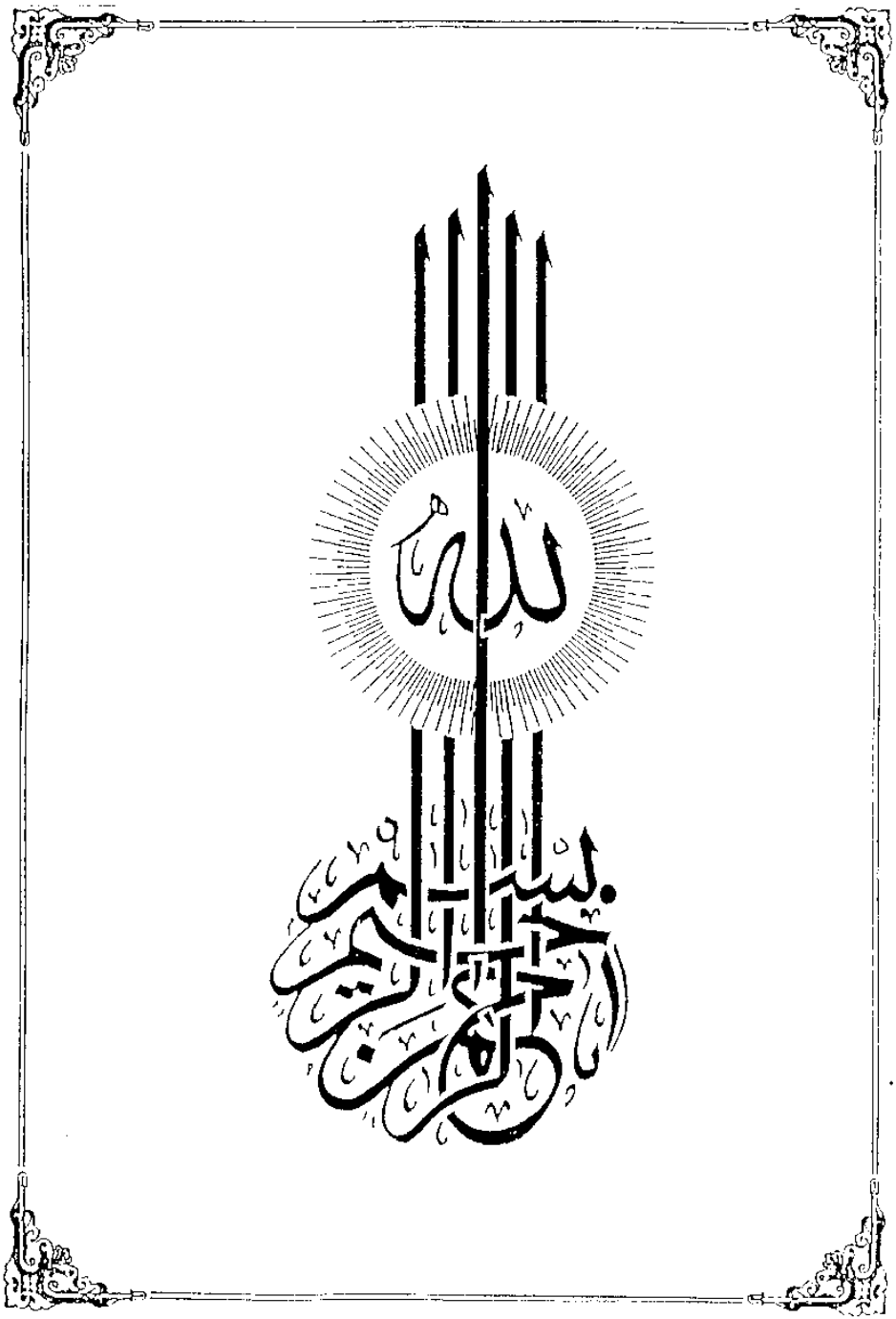

To The Memory of My Father.

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INTRODUCTION

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Bilharziasis is an endemic disease in our Country Discovered by Bilharz at Cairo in 1851 in a patient complaining of haematuria. It is the most common disease in Egypt next to malaria. Because it is found that more than 16 millions of the Egyptian population suffer from it and from its complications.

1910 Ruffer found bilharzia in the Kidneys and some urinary calculi of mummies dating back to 1200-1090 B.C

Historians of medical Egypt, mostly Arabs, told the Story of a disease among the men of Egypt "which made them menstruate like women".

In 1918: Professor John Brian Christopherson introduced the treatment of Bilharziasis by the intravenous injection of of tarter emetic while he was Director of Civil Hospitals at Khartom and Omdurmn, sudan.

Schistosoma haematobium is present in both upper and lower Egypt.

In the past the way of irrigation in Nile Delta and most of upper Egypt was the Basin irrigation. It is nowadays replaced by perenial irrigation which provides suitable conditions to snail hosts;

The adult female worm is smooth, rounded thread like, light in color and its length is 2cm. The adult male in which

the female lies and become fertilized.

The adult mature worms smooth, migrate in a retrograde manner from portal system to reach small vessels in the pelvis near the urinary bladder where they are fertilised, then the female goes alone more and more to smaller venules in the venous plexus in the urinary bladder where it lays eggs. The worm may live from 3-10 years if it is left without treatment, under favourable conditions mature eggs penetrate and pass out through the venules and the bladder wall to pass with urine.

Benign Ulcer
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ANATOMY.

ANATOMY OF THE URINARY BLADDER

The bladder constitutes the mid portion of the urinary tract and is the major reservoir.

The position of the bladder changes from infancy to adullhood. In infancy, it is primarily an abdominal structure, where as in adult, it occupies a pelvic position (Lich et al, 1978).

The bladder is pyramidal or tetrahedral when empty and full bladder is ovoid in shape. The bladder has a base(fundus), a pex, neck and three surfaces, a superior and two inferolateral surfaces.

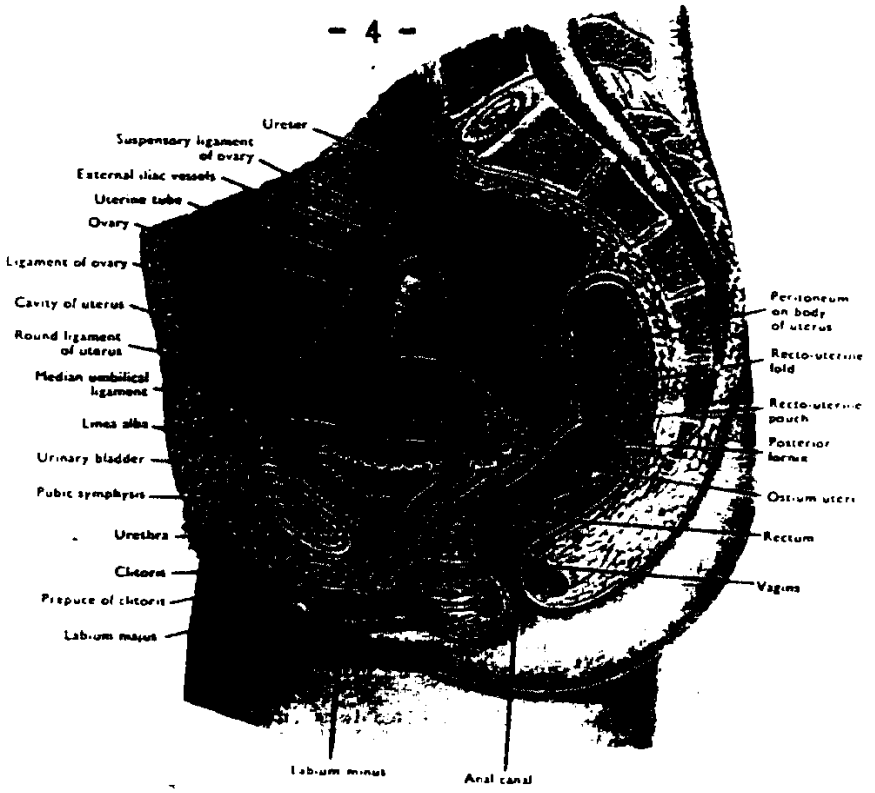
When adullhood is approached, pubic expansion and evaluation of sacral curve occurs along with tilting, broadening and deepening of the pelvis.

Therefore, the bladder acquires the pelvic position through this change of relationship and shape rather than by true descent.

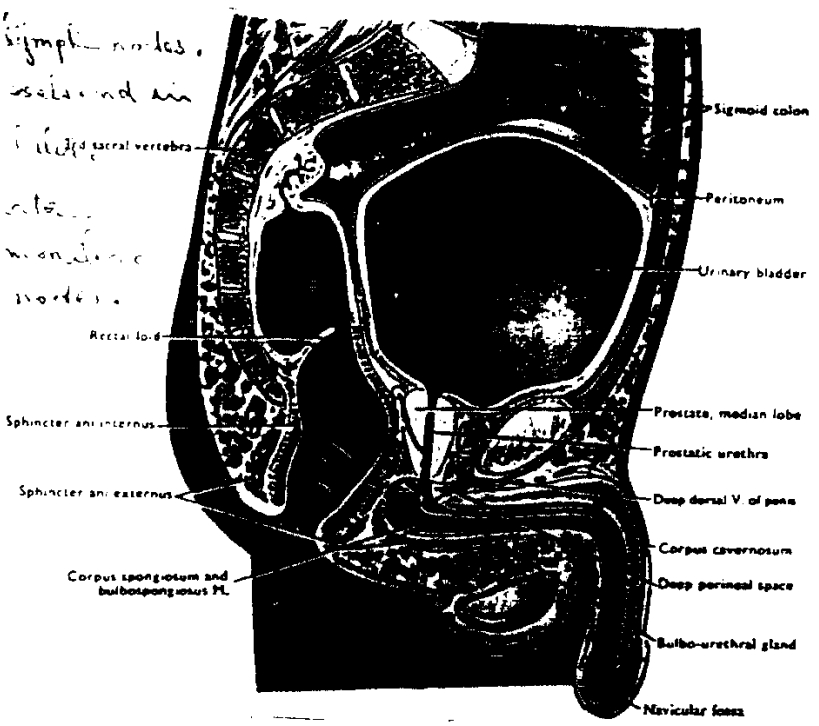
Obviously, since bladder is supported by the prostate in the male , it occupies a more abdominal position in male than it does in the female.

Anatomic Relation of the bladder:

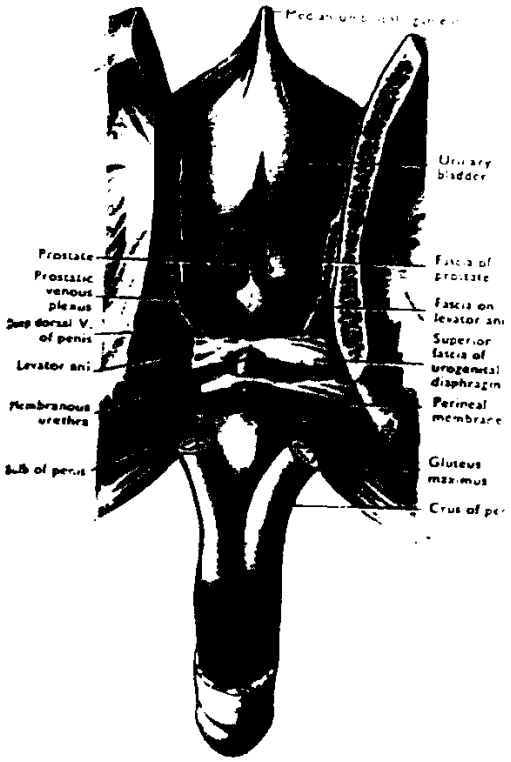
The chief support of the bladder is the pelvic floor. The neck of the bladder is fixed to the neighbouring structures by the prostate, the strong areolar connections to the



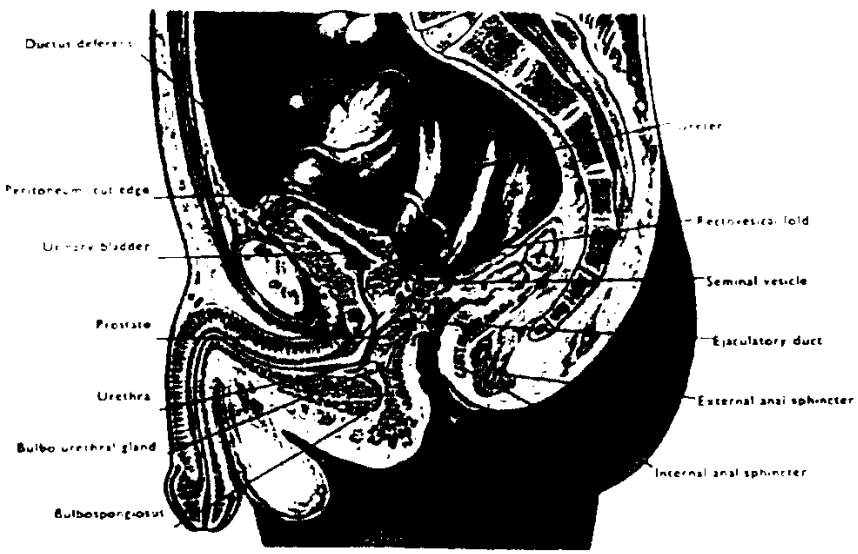
A median section through the female pelvis.



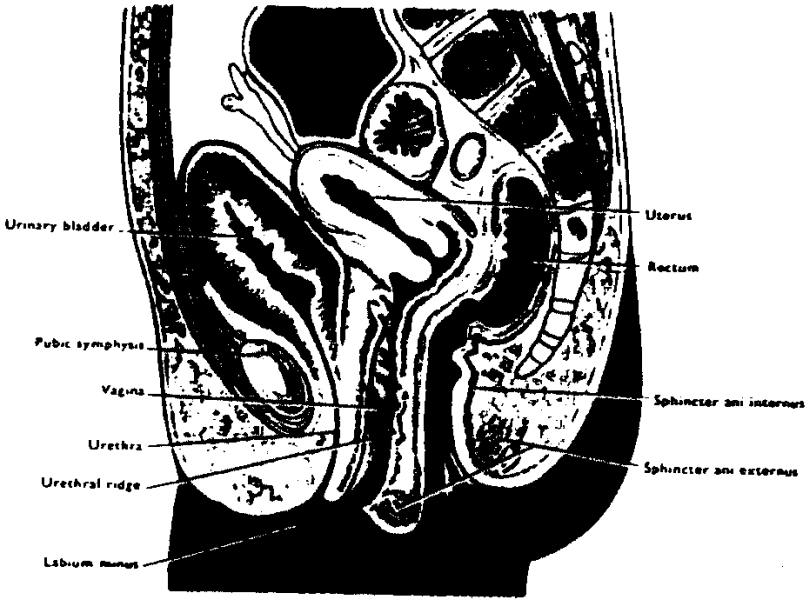
A section through the male pelvis. The urinary bladder and rectum are distended. Note that the peritoneum is removed from the lower part of the anterior abdominal wall by the distended bladder.



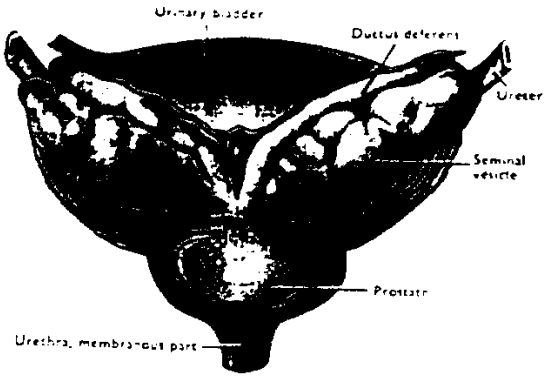
A dissection of the retropubic space from the front.



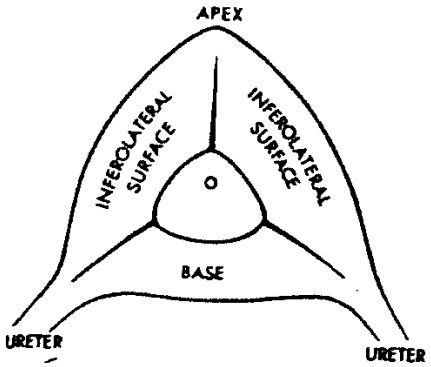
A section through the male pelvis.



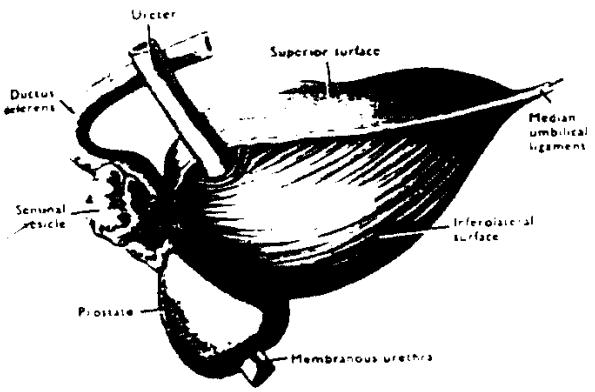
A median section through the lower abdomen and pelvis of a new-born female child. Note that the urinary bladder and uterus lie in the abdomen.



The posterior surfaces of the urinary bladder, prostate, and seminal vesicles.



A diagram of the urinary bladder as seen from below.
The enclosed area marks the position of the prostate.



A lateral view of the urinary bladder, prostate and seminal vesicle. The bladder is nearly empty.