PA-150 **MATERNAL UROGENITAL SCHISTOSOMIASIS,
MONITORING DISEASE MORBIDITY BY SIMPLE
REAGENT STRIPS**

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Background Urine analysis is one of the recommended antenatal guidelines for early diagnosis of pregnancy-associated complications. While urine analysis by dipstick had been used in practice to provide useful information on other urinary tract infections, its application for early detection of urogenital schistosomiasis in pregnant women is often downplayed in most endemic areas. Our study therefore assessed the performance of some common urinalysis parameters in the diagnosis of maternal urogenital schistosomiasis in endemic rural communities of Nigeria.

Methods The cross-sectional epidemiological survey of urogenital schistosomiasis was conducted among pregnant women in

Yewa North Local Government, Ogun State, Nigeria. The women were examined for infection with *Schistosoma haematobium* microscopically and screened for macrohaematuria, microhaematuria and proteinuria using standard urine chemical reagent strips.

Results Of 261 volunteer participants, 19.9% tested positive for *S. haematobium* infection. The proportion of microhaematuria (23.8%) was significantly higher than that of macrohaematuria (3.8%) and proteinuria (16.8%) ($p < 0.05$). Microhaematuria with sensitivity (82.7%) and specificity (89.0%) was the best diagnostic indicator of urogenital schistosomiasis.

Macrohaematuria with the least sensitivity (11.8%) was however the most specific (98.1%) for diagnosing urogenital schistosomiasis in pregnant women. Maximum microhaematuria sensitivity (100.0%) was observed in women between 15–19 years but sensitivity was consistently low in other older age groups. Maximum sensitivity, specificity and predictive values (100.0%) were recorded for microhaematuria in first trimester women. Diagnostic efficiency of proteinuria and macrohaematuria was also better in first trimester women except the 25.0% specificity recorded for proteinuria. The overall diagnostic performance of microhaematuria and proteinuria was best in secundigravidae.

Conclusions Microhaematuria can be used for early detection of urogenital schistosomiasis in endemic areas especially in younger and first trimester women. Treatment with praziquantel is recommended for the women in their late trimester in order to avert associated adverse pregnancy outcomes.