

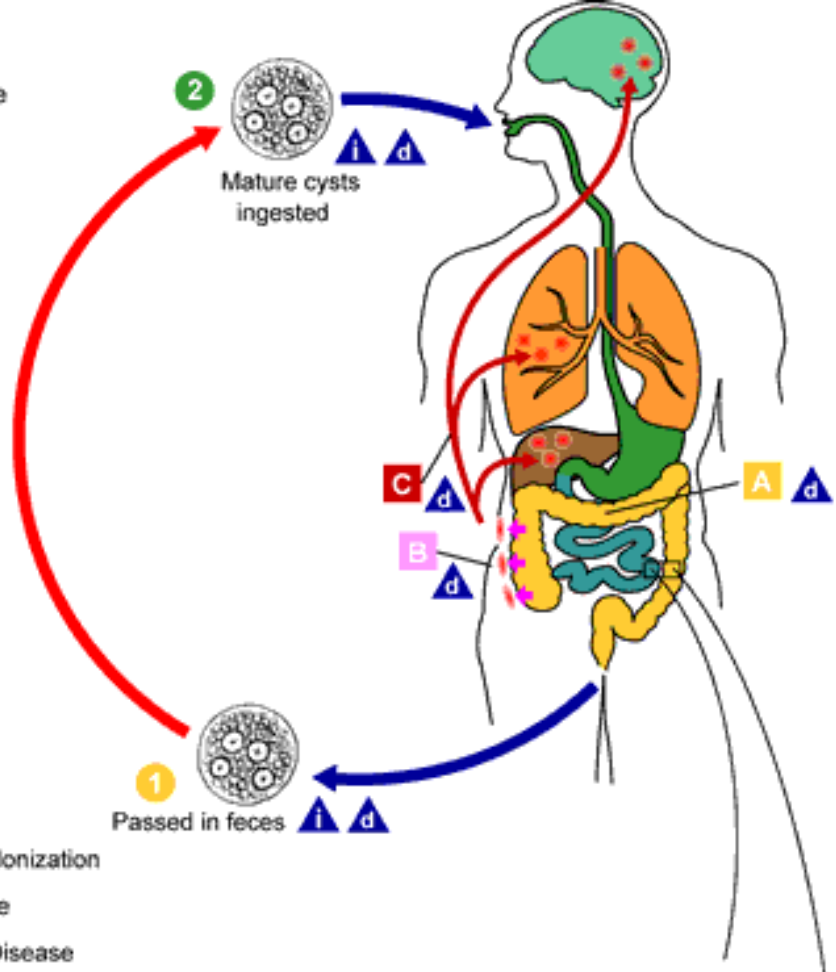
Entamoeba histolytica



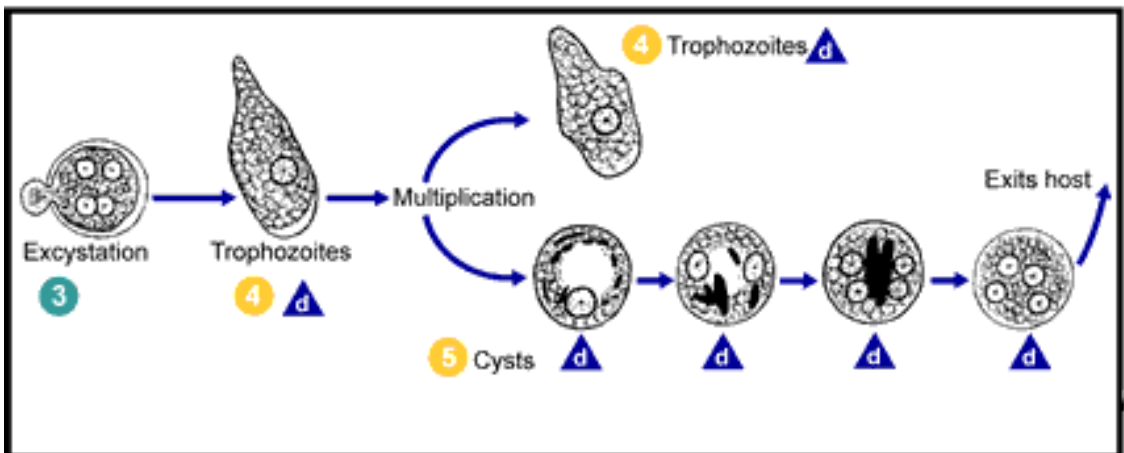
Life Cycle

- Cysts ingested by man reach the colon where reversion to trophozoites occurs and multiplication ensues.
- Cysts are usually found in stool, whereas trophozoites are found only during diarrheal phases
- Trophozoites can be carried to the liver via portal system, causing abscess → spread contiguously or hematogeneously to other areas (Lung and Brain)

i = Infective Stage
d = Diagnostic Stage



A = Non-invasive Colonization
B = Intestinal Disease
C = Extra-intestinal Disease



Epidemiology

- Worldwide
- Up to 50% of population in areas of poor sanitation or tropics
- In the United States 1-5%
- Certain areas high risk for travelers, such as Leningrad, Mexico, South America.

Diagnosis

- Finding cysts and/or trophozoites in stool
- Serology

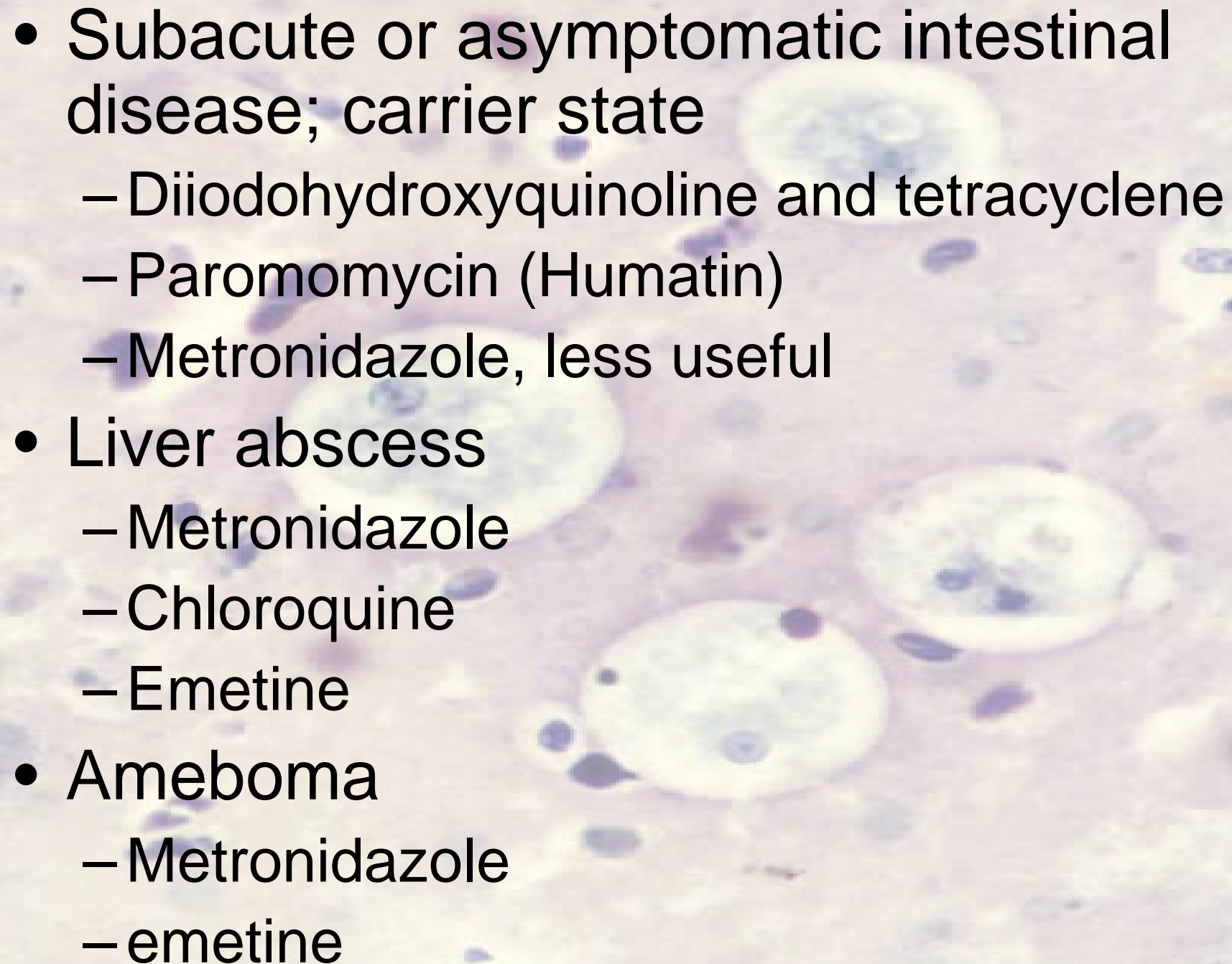


Symptomatology

- Asymptomatic
- Diarrhea: bloody with leukocytes; may mimic ulcerative colitis; can be watery and profuse.
- Amebic abscess of liver; right upper quadrant pain; fever; cold area on liver scan; elevated sedimentation rate; minimal to moderate leukocytosis; positive indirect hemagglutination test for ameba in 85-95% of Cases

Treatment

- Acute dysentery
 - Metronidazole (Flagyl)
 - Diiodohydroxyquinoline (Diodoquin)
plus
 - Tetracycline

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- Subacute or asymptomatic intestinal disease; carrier state
 - Diiodohydroxyquinoline and tetracycline
 - Paromomycin (Humatin)
 - Metronidazole, less useful
 - Liver abscess
 - Metronidazole
 - Chloroquine
 - Emetine
 - Ameboma
 - Metronidazole
 - emetine

Prevention

A microscopic view of fecal matter, showing various types of bacteria and other microorganisms. The background is a light blue-grey color, and there are numerous small, yellowish-brown, irregularly shaped particles scattered throughout. Some of these particles are larger and more distinct, showing internal structures or patterns.

- Proper disposal of human feces
- Avoiding consumption of raw food and unprocessed water in endemic areas