

## Amoebiasis



*Entamoeba histolytica*. *E. dispar* is morphologically identical, but genetically distinct, and non-pathogenic. Protozoan parasites of humans.



### Risk Assessment

#### Epidemiology

- *E. histolytica* is most commonly found in tropical areas of Latin America, Africa, South Asia and South East Asia. *E. dispar*, worldwide distribution.

#### Exposure

- Transmitted via the faecal-oral route: Food, human-to-human and water-borne, or during certain sexual practices.
- Travellers are at higher risk in settings of poor sanitation where water may not be adequately purified and there is poor personal hygiene.

### Imported Cases

Approximately 100 cases are reported annually in England and Wales. It is presumed that most of these are acquired abroad.

### Signs and Symptoms

#### Intestinal:

- 90% of amoebic infection is asymptomatic; most of this is caused by *E. dispar*.
- Usually gradual onset over 1 to 4 weeks.
- Symptomatic infection ranges from diarrhoea to dysentery. Dysentery (amoebic colitis) characterised by cramping, abdominal pain, tenderness, low-grade fever, bloody stools with mucus, and weight loss.
- Without treatment symptoms can last for weeks to months.

#### Extra-intestinal, liver abscess:

- Amoebic liver abscess occurs in about 1% of infections.
- Right upper quadrant pain and tenderness, low-grade fever and increased liver enzymes.
- Usually solitary lesion in right lobe of liver occurring in men.

### Risk Management

- Practise food and water hygiene precautions.
- Practise personal hygiene with hand washing.

### Diagnosis

Intestinal infection: Stool microscopy and antigen detection assays; colonoscopy with biopsy.

Liver abscess: Liver ultrasound or scan, serology.

### Treatment

Need to treat invasive parasites with metronidazole or tinidazole and non-invasive, luminal cysts with diloxanide furoate or paromomycin.

### Notifications

Infectious bloody diarrhoea is a notifiable infectious disease. See Resource Guide: 5.1.