Entamoeba Histolytica

- Parasite causing intestinal and extra-Intestinal pathology - main cause for morbity and mortality.
- Exist in two forms Cysts and trophozoite-

Transmission:

- Uncooked food or Water through faecus.
- Anal/oral sexual practices.

Pathology

Trophozite invade the mucosa of intestine
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Ulceration of mucosa (In Ceacum).
↓
Necrosis or lysis of the cells.
↓
Granulation tissue (Amoeboma).
↓
Trophozite enter portal vein.
↓
Liver → Necrosis of liver tissue
↓
Liver abscess (Necrotic Material (Anchovy sauce pus) → Chocolate brown

Peritonitis / Pericarditis ← Amoebic peritonitis

Pleuro pulmonary amoebiasis.

Clinical Features

1) Intestinal:
→ Abdominal pain mimics appendicitis.
→ Dysentery with blood on mucus in mics the chronic disease as Bacillary dysentery.
→ Offensive diarrhea, alternative, diarrhea and constipation.

2) Liver abscess → Pleuropulmonary amoebiasis
↓ ↓ ↓
Peritonitis Amoebic peritonitis Cough with blood
- No diarrhea.

	Amoebic	Cshigellosis	Bacillary
Onset	Gradual		Sudden
Pyrexia	Variable		Present
Tenesmus	Absent		Present
Faeces:			
Frequency	<10 times/day		>10 times/day
odour	Offensive		Odourless
Colour	Dark red		Bright red
PH	<7 (acidic)		7 (alkaline)
Nature	Non sticky, Mucus & blood		Sticky, watery Blood
Microscopic			
Pus cells	Few		Many
RBCs	clumped		Discreted
Macrophages	Few		Many
Eosinophils	Present		Absent
Charcot leyden Crystal	Present		Absent
Trophozoites	Present		Absent

Investigations

- Stool Examination for Trophozoites.
- Charcot leyen Crystals (Basic protein in eosinophil)
- Trophozoites.
- Anchovy Bar (Abscess aspiration) FNAC
- Sigmoidoscopy (Culturation)
- Ultrasound, Chest X-ray,
- Abdominal X-ray.

Prevention

- Preventing uncooked food and vegetables.