## Entamoeba histolytica

### protozoa

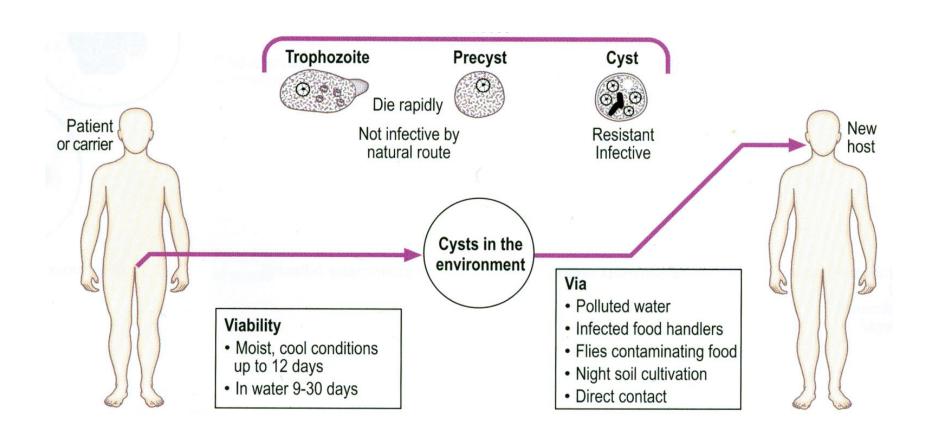


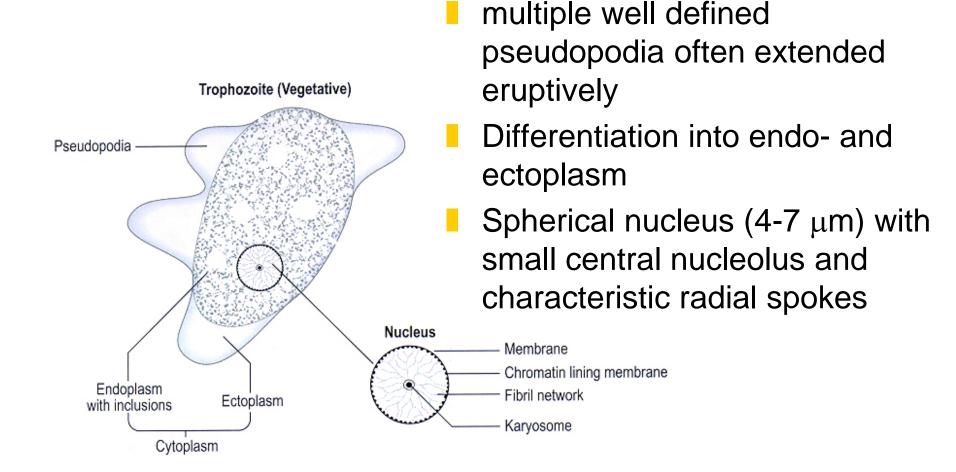
- Primary unicellular eukaryotes, often also called protists
- Many important human and veterinary pathogens
- It is important to understand that protozoa is mostly a historic grouping and not a cohesive biological group that contains closely related organisms
- A **very** diverse group with a vast variety of morphological and biochemical adaptations to almost any ecological niche

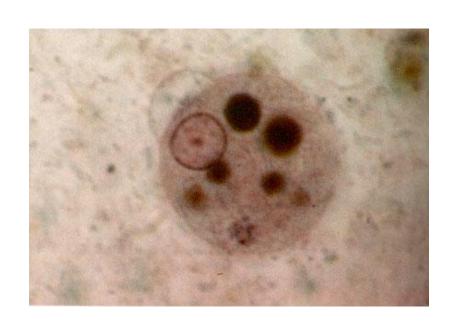
## Entamoeba histolytica



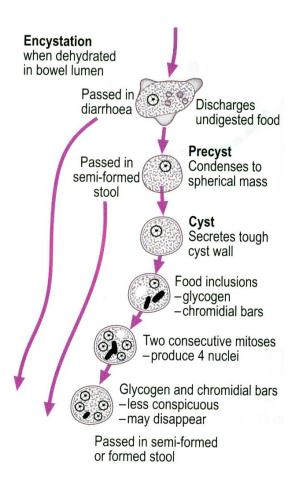
- Fedor Alexandrewitch
  Lösch describes
  amoebae associated with
  severe dysentery in a
  patient in 1873
- He transferred amoebae to a dog by rectal injection, which became ill and showed ulceration of colon
- Patient who died from infection showed similar ulcers upon autopsy





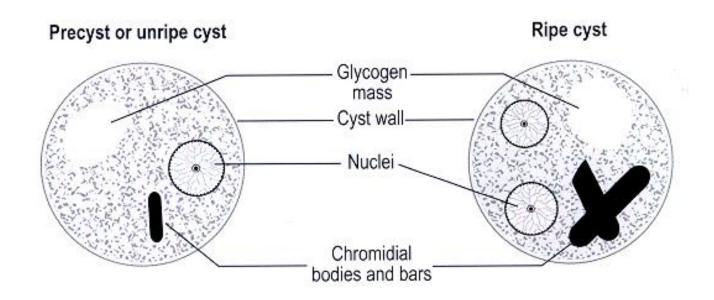


- Trophozoites 20-40 μm diameter
- Ribosomes arranged in helical patterns
- Tissue forms often contain phagocytized red blood cell

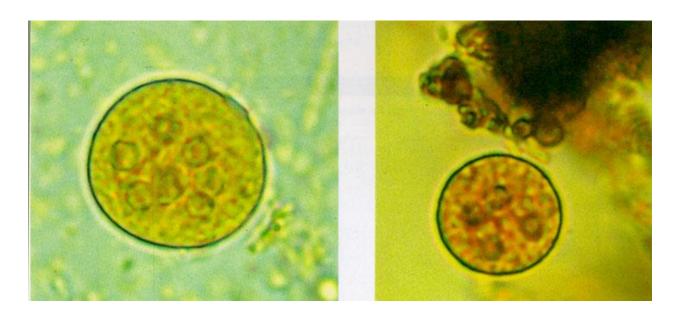


- Trophozoites encyst and cysts mature as they travel through the colon
- Only mature cysts are infective

- Round (10- 16 μm), 4 nuclei
- 150 nm cyst wall with fibrillar structure
- Chromidial bodies and bars are semicrystalline arrays of riobosomes



#### Entamoeba cysts (light microscopy)



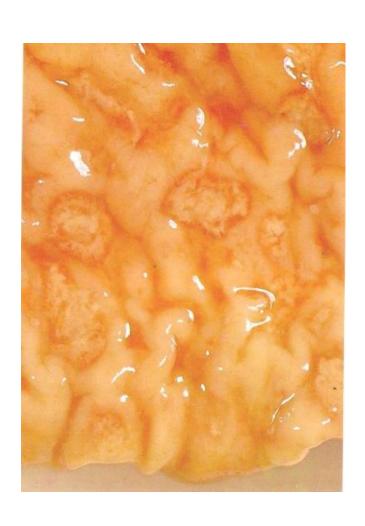
E. coli

E. histolytica

#### **Human infection**

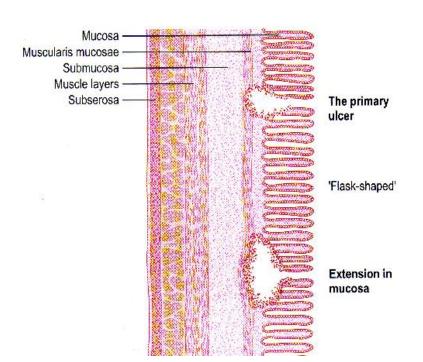
- Major sources for human infection are contamination of drinking water and vegetables (fertilization with material containing or contaminated with human feces)
- Patients without any symptoms might nevertheless shed large amounts of cysts
- If kept cool and moist (water or soil) cysts can stay infectious for up to a month
- Cysts are fairly resistant to chlorination of drinking water (10 mg/l versus 0.1 1.0 mg/l for enteric bacteria)

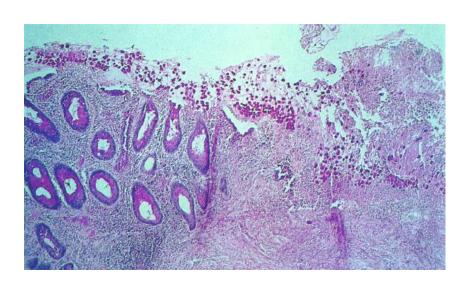
## Colitis is the most common form of disease associated with amoebae



- Gradual onset of abdominal pain, watery stools containing mucus and blood
- Some patients have only intermittent diarrhea alternating with constipation
- Fever is uncommon
- Formation of ulcers

## Colitis is the most common form of disease associated with amoebae





Amoeba invade mucosa and erode through laminia propria causing characterisitic flask shaped ulcers contained by muscularis

# Ulceration can lead to secondary infection and extraintestinal lesions

Perforation Haemorrhage (rare)

Secondary infection

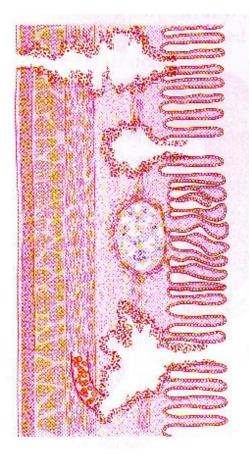
Amoeboma (rare)

(Clinically simulates neoplasm)

- -intussusception
- -obstruction

Invasion of blood vessels

Direct extension outside bowel



Peritonitis Haemorrhage

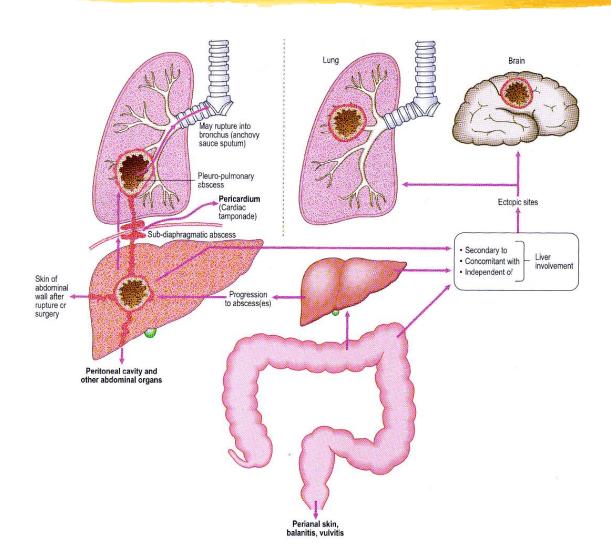
Surrounding inflammatory reaction and fibroblastic proliferation

A mass under oedematous mucosa with

- -internal abscesses of necrotic tissue and amoebae
- surrounding granulomatous tissue zone with eosinophils, lymphocytes and fibroblasts
- -outer firm nodular fibrous tissue

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#### **Extraintestinal amebiasis**



#### **Amebic liver abscess**



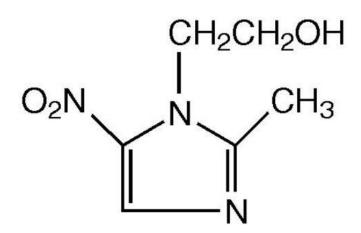
- Most common form of extraintestinal amebiasis
- Fast growing abscess filled with debris, amoebae are found only at borders
- Acute as well as chronic illness, with gradual or sudden onset ظهور او بدایة

#### **Amebic liver abscess**

- 30-50% of patients with liver abscess show also pneumonic involvement
- Rupture is again a major thread, especially rupture into the pericardium
- Draining abscesses is today only performed in extreme cases when rupture is feared
- Responds well to chemotherapy

# Metronidazole is the drug of choice for extra-intestinal amebiasis





- Several drugs are available to clear symptomatic and asymptomatic enteric (luminal) infection (e.g. dichloroacetamides which have unknown mode of action)
- Metronidazole (Flagyl) is the drug of choice for invasive amoebiasis (and should be combined with a lumen acting drug as it is not fully effective on luminal stages)
- Metronidazole is a prodrug which is activated by an enzyme involved in the microaerobic fermentation metabolism of E. histolytica

## of Entamoebaوبائی Epidemiology

- 480,000,000 people harbor *Entamoeba*
- 36,000,000 develop clinical symptoms
- 40,000 100,000 deaths per year (Walsh, 1986, Rev. Infect. Dis., based on 1981 data, no significant change since then)

Less than 10% of the people infected show disease. Several hypotheses have been put forward to explain this differential pathogenesis.