



FACT SHEET

Entamoeba histolytica

Common clinical features

This is an uncommon infection in the UK. The severity of symptoms ranges from mild diarrhoea through to a severe dysentery like illness with mucus and blood in the diarrhoea and a distended abdomen.

Many people become infected but do not develop symptoms of this illness. This is known as 'asymptomatic amoebiasis' and accounts for most of the cases.

In the majority of cases, the infection is localised within the gastrointestinal tract. But there can be severe complications of this infection and it may spread to other parts of the body, for example to the Liver where it can cause Liver abscesses.

Abscesses can also develop in other areas of the body (brain, lung etc). But whatever part of the body they do affect these are all serious medical conditions that require urgent medical treatment.

Incubation period

Symptoms appear between 2 to 4 weeks after first exposure to this parasite.

Where is it found?

Human gastrointestinal tract, sewage and contaminated water. Infections are usually acquired when travelling abroad, especially to countries with poor sanitation and untreated water supplies.

How is it acquired by affected individuals?

This infection occurs as a result of ingestion or contact with parasitological cysts. These cysts are a form of the *Entamoeba histolytica* parasite that enter the human body through the mouth and cause amoebiasis.

Methods of transmission include:

- Consuming infected food or water
- Contact with infected soil or animal faeces
- Anal sex
- Eating salads, fruits or vegetables which have been washed in contaminated water.
- Handling objects which have already been infected or touching an infected surface.

How does the laboratory confirm the diagnosis?

Most NHS laboratories will only examine faecal specimens for Entamoeba if there is a history of travel or if there are other clinical reasons to do so. Faeces samples are examined by microscopy for cysts and rarely for the trophozoite forms. Positive results are usually available within 24 hours of receipt in the laboratory.

In this **study** all samples will be tested by a molecular test (Luminex xTAG® GPP) and results will be available within 24 hours.

How is it treated?

Symptomatic treatment and rehydration. It is important to replace fluids lost as a result of the diarrhoea, and to replace electrolytes as well.

Babies and young children will require their fluids to be administered intravenously.

Metronidazole or tinidazole can be given which will ease any symptoms as well as treat liver abscesses. Because this is an uncommon but potentially serious infection specialist advice should be sought. In the first instance contact a consultant microbiologist.