



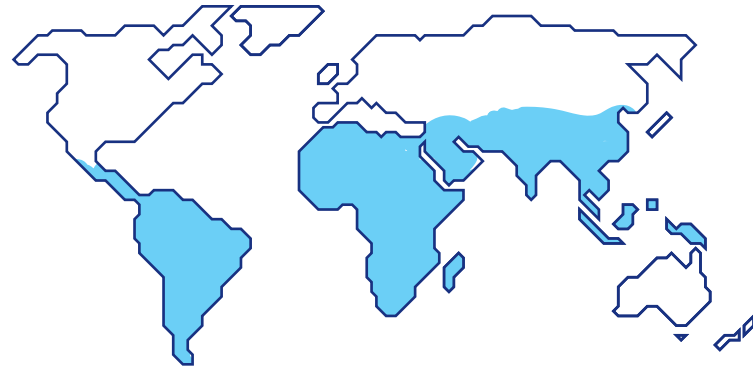
## Who

Amebiasis occurs worldwide, although mainly present in developing countries due to poor sanitation levels. In developed countries, amebiasis is generally seen in migrants and international travelers. Risk factors for severe disease include young age, pregnancy, corticosteroid treatment, malignancy, malnutrition, and alcoholism.



## What

Amebiasis is a parasitic disease caused by the protozoan *Entamoeba histolytica*, which exists in a cyst stage, the infective form, and a trophozoite stage that causes invasive disease. Cysts are mainly ingested via contaminated food or water. In the bowel cysts excyst to form trophozoites, which can invade and destruct the large bowel wall. Subsequently, these amebae may spread to other organs.



## Where and when

Areas with high rates of amebic infection include India, Africa, Mexico, and parts of Central and South America. Although international travel is an important risk factor, it is not a common disease in travelers who have spent less than one month in endemic areas.

## Prevention

Currently, no vaccine is available. Prevention involves avoidance of untreated water and uncooked food, such as fruit and vegetables that may have been washed in contaminated water. Amebic cysts are resistant to chlorine, but disinfection with iodine may be effective. Avoiding fecal-oral contact is also advisable.



## Treatment

After diagnosis by means of stool microscopy, antigen detection, molecular tests, demonstrating blood antibodies, or abdominal ultrasound to diagnose liver abscesses the trophozoites are treated with metronidazole or tinidazole. Amebic cysts must be additionally treated, for which various agents exist.

## Symptoms

Of all infections, 90% are asymptomatic. Intestinal amebiasis generally has a subacute onset, usually over 1-3 weeks. Symptoms range from mild diarrhea to severe dysentery with bloody stools or fulminant colitis. Disease manifestations outside the bowel include liver abscess, presenting with right upper quadrant pain and fever, and less often pulmonary, cardiac, or brain involvement.



## In case of infection

All *E. histolytica* infections should be treated, even in the absence of symptoms, given the potential risk of developing invasive disease and the risk of spread to family members. Therapy aims to eliminate the invading trophozoites and to eradicate intestinal carriage of the organism.