Frequent traveller   mid April 2012

• 62 yr old single British male
• Market stall owner
• Annual trips India/SE Asia

• UK- Thailand early Jan 2012 3 weeks (BKK)
• Then Delhi overland to Goa stayed 5 weeks
• Returned UK early March
• Unwell 3 weeks after arriving in Thailand

• Past history
  L hemicolecctiony + chemo in 2007 for Duke B cancer
  Yearly surveillance colonoscopy normal Dec 2011
Detail

• Fever, diarrhoea, abdominal pain
• Resolved after 1 week of antibiotics
• Returned after 10 days
• Courses of metronidazole (7 days each)
• Relief for 1 week
• 2 more courses metronidazole in UK
• Admitted local hospital
Detail

- Off antibiotics 2 weeks
- Diarrhoea 10x in 24 hours
- Mucus & blood
- Minimal abdominal pain
- No systemic fever
- Weight loss 6-7 kg
- Lethargy
Examination

- Afebrile
- Bit thin, unwell & fed up
- Laparotomy scar
- No haemorrhoids
- Empty rectum
- Blood streaked mucousy stools
Initial tests

• Hb  11.6
• Platelets  693
• White cells  12.2  Neuts 9.6  Eos 0.2

• CRP 17

• Albumin 30  Total protein 59
• Liver function tests normal

• Previous faecal cultures negative
What is the most likely diagnosis?

1. Amoebiasis
2. Campylobacteriosis
3. Colonic cancer recurrence
4. Inflammatory bowel disease
5. Shigellosis
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What should be the next investigation?

1. Amoebic serology
2. Sigmoidoscopy
3. “Hot stool” for microscopy
4. Stool for OCP
5. Stool for Cl diff tests
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Hot stool microscopy
Diagnosis

• *Entamoeba histolytica* recurrences

• Why?
  – Resistance
  – Inadequate doses
  – Vegetative forms not treated
  – Underlying pathology
What is the best treatment strategy?

1. Diloxanide
2. Metronidazole
3. Paromomycin
4. Tinidazole
5. Combination
What we did

• Tinidazole 500mg bd for 14 days
• Diloxanide 500mg tds for next 10 days
• Good result
• Regained weight
• Still travelling
Which gut parasite has the strongest link with HIV?

1. Entamoeba histolytica
2. Giardia lamblia
3. (Cysto)Isospora belli
4. Necator americanus
5. Strongyloidoides stercoralis
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Amoebiasis

- Not more common or severe in HIV
- Significant problem in inflammatory bowel disease
- Especially with topical steroids
- Must distinguish *E. histolytica* from *E. dispar*

Iodine prep
EH & HIV

Increased
- incidence
- seropositivity

Only in Taiwan & neighbours
Only in MSM

Figure 1. Abdominal computed tomography showing multiple liver abscesses of a 28-year-old male homosexual who presented with right upper quadrant pain, vomiting, and watery diarrhea for 4 days. Diagnosis of amebic liver abscess was confirmed by positive PCR for Entamoeba histolytica of the liver abscess aspirate. The titer of indirect hemagglutination antibody for E. histolytica was 8192.
doi:10.1371/journal.pntd.0000175.g001
Figure 2. Colonoscopy of the same patient showing multiple ulcers at the cecum, and ascending, doi:10.1371/journal.pntd.0000175.g002

Learning points

• Thrombocytosis may be linked with infectious colitis (*C difficile*, amoeba)
• Hot stool examination is very rarely indicated
• But must be “hot” when it is!
• Failure of treatment for amoebiasis may be multifactorial
• Always take sexual history too
• Consider routine HIV testing in all travellers
References


Five Monkeys
See no evil
Hear no evil
Speak no evil
Transmit no evil
Receive no evil