

GASTRO-INTESTINAL TRACT INFECTIONS

Amoebiasis

Amoebiasis is a parasitic infection caused by *Entamoeba histolytica*. The parasite exists in two forms, a cyst stage (the infective form) and a trophozoite stage (the form that causes invasive disease).

Infection occurs following ingestion of cysts which is acquired via contaminated food or water. Person-to-person transmission may also occur between household and sexual contacts via the faecal-oral route.

Most cases in the UK are imported by travellers to endemic areas. Areas with high rates of amoebic infection include India, Africa, Mexico, and parts of Central and South America.

The average incubation period is 2-4 weeks but may last months to several years.

90% of cases are asymptomatic. Symptoms are often mild diarrhoea and abdominal pain, but severe disease (amoebic dysentery) can occur, causing fever, severe abdominal pain, and blood and mucus in the faeces.

Diagnosis is only made after a positive stool sample result. If clinical suspicion remains high after negative stool sample, send further samples for ova, cysts, and parasites 2–3 days apart.

Treatment:

Medication treatment is usually recommended for all confirmed cases after specialist advice, such as metronidazole followed by the anti-protozoal drug diloxanide or paromomycin. Microbiological clearance to confirm treatment success, 1 week after completing treatment will be considered by the specialist.

Individual cases should be discussed with an Infectious Diseases (ID) specialist for appropriate treatment options.

Please contact the Infectious Diseases team via 'Advice and Guidance' or telephone the on-call ID specialist.

Follow self-care and fluid intake advice ([CKS Gastroenteritis](#)).

Avoid anti-motility agents acutely and particularly with bloody diarrhoea.