

## Pathology Page

## Intestinal Amebiasis

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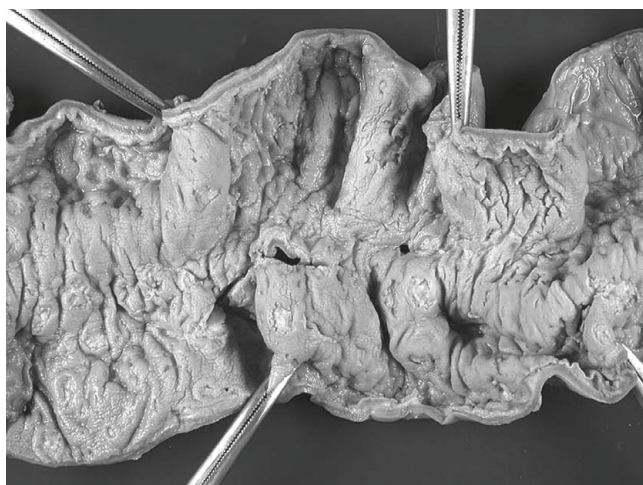
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A 68-year-old man had suffered from bloody stool for 1 month. He visited Yu Li Veterans Hospital, where a computed tomography scan showed free air under the diaphragm. Gastrointestinal perforation was impressed. Segmental resectioning of the transverse to sigmoid colon was performed. Gross multiple flask-shaped ulcers with impending perforation were found (Fig. 1). Microscopically, the mucosa showed superficial ulceration with numerous amebic trophozoites in the luminal exudate (Fig. 2).

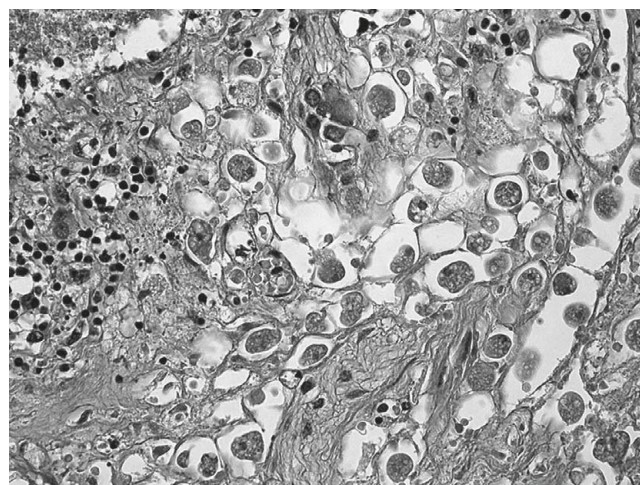
Amebiasis is an infection with *Entamoeba histolytica* and principally involves the colon as well as occasionally the liver. Humans are the only known

reservoir for *E. histolytica*, which reproduces in the colon and is passed out in the feces. It is common in tropical and subtropical areas where poor sanitation prevails. Amebiasis is acquired by the ingestion of material contaminated with human feces.

The preferred site of infection of *E. histolytica* is the colonic mucosa, particularly the cecum and rectum. Based on the secretion of lytic enzymes by the trophozoites, characteristic flask-shaped ulcers are formed, such as occurred in our case. Early lesions show pinpoint ulceration. The infective trophozoites resemble macrophages, but contain an eosinophilic nucleus and vacuolated cytoplasm that include



**Fig. 1** — Multiple flask-shaped ulcerations found in the mucosa.



**Fig. 2** — Histopathology shows numerous amebic trophozoites in the luminal exudate (hematoxylin & eosin, 400×).

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phagocytized red blood cells. A mucohemorrhagic stool resembling strawberry jelly is characteristic. The diagnosis is usually based on biopsy, histology and/or serology. The usual therapy for intestinal amebiasis includes metronidazole, which acts against the trophozoites, and diloxanide, which is effective against the cysts. (*Tzu Chi Med J* 2010;22(1):70–71)

## References

1. Kao S, Chiu HH, Liu YW. Education and imaging. Gastrointestinal: Amebic colitis. *J Gastroenterol Hepatol* 2009;24:167.
2. Solaymani-Mohammadi S, Petri WA Jr. Intestinal invasion by *Entamoeba histolytica*. *Subcell Biochem* 2008;47: 221–32.