

## Acute intestinal amebiasis in a four-year-old girl – a case report

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Amebiasis is one of the most common parasitic diseases of the gastrointestinal tract in humans who live or travel to the tropics. Amebiasis is widely distributed in developing countries because the risk of invasion is closely related to a hot climate and poor sanitary conditions.

In February 2016, in the Department and Clinic of Tropical and Parasitic Diseases in Poznan, a four-year-old girl was diagnosed with acute intestinal amebiasis following a four-week stay in India. The patient had not followed the rules of tropical hygiene during the trip. The main symptoms reported by the patient were passing loose, bloody stools up to seven times per day and abdominal pain; these had lasted for two months before admission. The final diagnosis was based on the microscopic examination of diarrheal fresh stool samples. These samples were examined under an optical microscope using standard parasitological procedures: thin smear in 0.9% NaCl, thick smear according to Kato-Miura, and Ziehl-Neelsen stain. A trichrome stain of the thin stool smears was also performed for the final microscopic confirmation. The patient was treated with paromomycine. Stool tests performed directly after treatment and four weeks later, during follow-up hospitalization were negative.

The results of the thin stool smear showed a large number of *Entamoeba histolytica* trophozoites containing digested red blood cells. A moderate amount of *Entamoeba histolytica/dispar* trophozoites and cysts, and co-infection with a single *Entamoeba coli* trophozoite were also found. The trichrome stain confirmed *Entamoeba histolytica* infection. The thick Kato-Miura smear and Ziehl-Neelsen stain were negative.

The risk of the intestinal amebiasis is high in the tropics, and it is crucial to follow hygiene rules to prevent infection. Monotherapy with paromomycine remains an effective therapeutic response to the invasion.