Picture in Tropical Medicine and Health

Relapse of amebic colitis

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A 64-year-old man visited a local clinic complaining of persistent diarrhea and bloody stool in February 2007. The symptoms initially appeared around the time when he joined a group tour to Beijing, China for 4 days in 2005.

His underlying conditions were mildly impaired glucose tolerance and benign prostatic hypertrophy. He was married, and smoked 20 cigarettes a day for 40 years. He underwent a colonoscopy which revealed multiple ulcers in the cecum and ascending colon. Histopathological diagnosis was made as an amebic colitis. Oral metronidazole 500mg twice a day was administered for 10 days, and the patient recovered and remained well for the next 3 years. In January 2010, fecal occult blood turned positive on routine follow-up and colonoscopic findings showed a recurrence of amebic colitis. Despite being given the same metronidazole regimen as previously, the ulcers and erosions remained on colonoscopy three months later. Thus the patient was referred to our department in May 2010 for further evaluation of relapse.

Serum antibody for *Entamoeba histolytica* and its stool antigen were positive and the cysts were detected upon stool examination. Serum HIV-1 and 2 antibodies were negative. Abdominal CT and ultrasonography showed no evidence of amebic liver abscess. We considered that the inadequate dosing of amebicidal medication contributed to therapeutic failure and gave oral metronidazole at an increased dose of 750mg three times a day for 10 days followed by paromomycin for cyst eradication.

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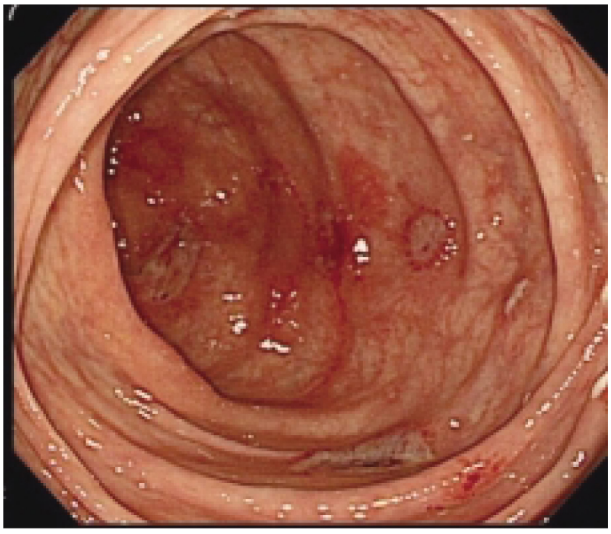
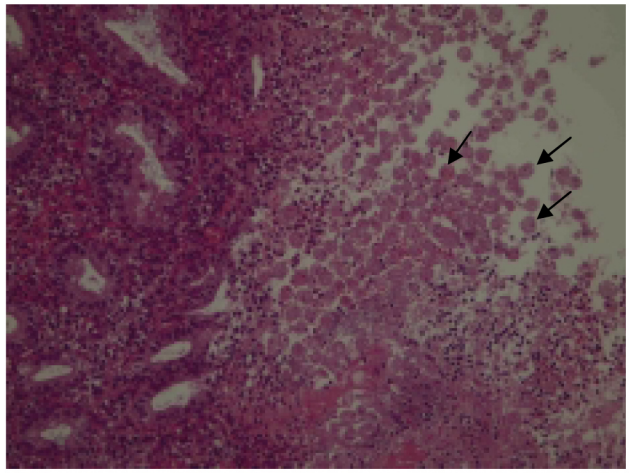


Panel A shows colonoscopic appearance of intestinal amebiasis. Multiple ulcers were seen in the cecum and ascending colon.



Panel B shows the invasion of colonic mucosa by *E. histolytica* and accompanying inflammatory response (hematoxylin and eosin, x100). Arrows indicate ingestion of erythrocytes by the trophozoites.