

Amebic colitis: colonoscopic appearance

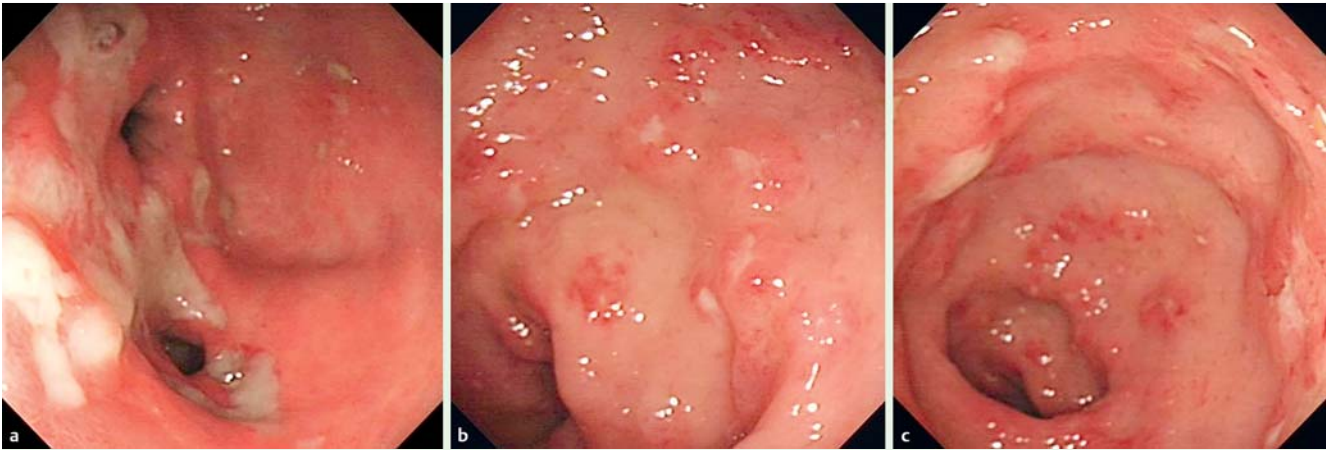


Fig. 1 Colonoscopic views showing multiple discrete ulcers with surrounding erythema in: **a** the cecum; **b** the sigmoid colon; **c** the rectum.

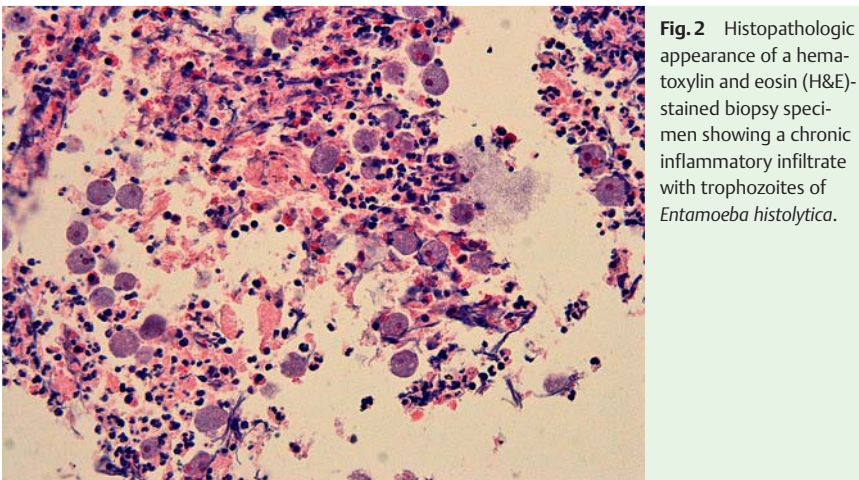


Fig. 2 Histopathologic appearance of a hematoxylin and eosin (H&E)-stained biopsy specimen showing a chronic inflammatory infiltrate with trophozoites of *Entamoeba histolytica*.



Fig. 3 View during follow-up endoscopy performed 4 weeks later showing marked improvement in the ulcers.

A 65-year-old man was admitted to our hospital with a 2-month history of pain in the right abdomen and intermittent watery diarrhea. He had previously been in good health and had not traveled to the tropics in recent years. On examination, mild tenderness was noted on palpation over the right abdomen. The results of his blood tests were as follows: white blood cell count (WBC) $7.7 \times 10^9/L$, neutrophils 78.5%, red blood cell count (RBC) $3.56 \times 10^{12}/L$, hemoglobin (Hb) 104 g/L, erythrocyte sedimentation rate (ESR) 23 mm/h. A fecal occult blood test was positive.

Colonoscopy revealed multiple discrete ulcers with surrounding erythema in the cecum, sigmoid colon, and rectum

(**Fig. 1**). Histopathologic examination of biopsy specimens taken from the ulcers revealed chronic inflammatory infiltrates with trophozoites of *Entamoeba histolytica* (**Fig. 2**). The patient was treated with metronidazole for 14 days and his symptoms resolved. Follow-up colonoscopy 4 weeks later showed marked improvement of the ulcers (**Fig. 3**).

Amebiasis is caused by the intestinal protozoan *Entamoeba histolytica*. When amebic colitis occurs, inflammatory changes are more common in the cecum and ascending colon but can spread to involve the entire colon. The typical appearance at colonoscopy is of multiple punctate ulcers with a diameter of 2–10 mm.

The most common symptoms are those of diarrhea, abdominal pain, and rectal bleeding. The diagnosis is usually made when histologic evaluation of colonic biopsies reveals trophozoites within an inflammatory infiltrate. It is challenging and important for gastroenterologists to distinguish amebic colitis from acute ulcerative colitis as the administration of corticosteroids to patients with amebic colitis can result in fulminant disease.

Endoscopy_UCTN_Code_CCL_1AD_2AZ

Competing interests: None

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Bibliography

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