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EC MICROBIOLOGY
Case Study

Amebic Colitis in a Developing Community

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Abstract

A recent account of amebic appendicitis was published in this developing community. Therefore, this paper presents such a lesion with regard to the colon, especially as carcinoma and typhoid fever had been suspected. Searching of the literature provided answers regarding fulminancy, endoscopy, epidemiology, rheumatology and immunocompetence. It is hoped that full cognizance of this disease should be taken regarding patient suffering from abdominal complaints.

Keywords: *Colon; Amebitis; Developing Community; Nigeria*

Introduction

The appendix was suspected as being ordinarily inflamed in a man in this developing community, but exploration revealed amebitis [1]. Therefore, the present study pertains to two cases in which the expectations were malignancy and thyroid but exploration revealed amebiasis. These findings were facilitated among the Igbo ethnic group in Nigeria [2], probably because of the facility that a Regional Pathology can promote. Thus, as was promoted by a Birmingham (United Kingdom) group, the establishment of a histopathology data pool facilitates epidemiological analysis [3].

Case Study

A 65-year-old woman, attended The Menax Hospital, Onitsha, where she consulted Dr Gabriel Menakaya. She complained of burning abdominal pains for over 3 years. There was blood in the stool as well as a palpable mass in the right iliac fossa, which was hard and mobile. Carcinoma of the colon was suspected. At laparotomy, a 4 cm wedge of thickened gut with a superficial ulcer 2 cm across was biopsied. On microscopy by the corresponding author, no tumor cells were seen. Rather, there were innumerable parasites loaded with red cells at the base of the ulcer. In places, they encircle blood vessels which were thrombosed. There was extensive edema of all coats of the colon. Amoeboma was diagnosed with the following comment: "It is well to watch out for possible amebic hepatitis in view of the state of the portal vessels".

A 50-year-old woman, attended The Iyienu Hospital, Ogidi, to consult Dr David Ofomata, with the history of acute abdominal pain of 3 days duration. It was characterized by diarrhea and vomiting. There was a roundish, very tender mass. At operation, a stretch of the ascending colon and hepatic flexure was involved in an inflammatory process with considerable thickening as well as chyle-like fluid exuding from it. Typhoid fever was suspected. At laparotomy, 1.5 cm ellipse of soft whitish tissue was obtained from the wall of the colon. On microscopy by the corresponding author, there was complete desquamation of the mucosa associated with acute inflammation. The remaining coats were also inflamed. As was reported, what was diagnostic were the cells containing the red cells. Accordingly, the diagnosis was amebiasis.

Discussion

There was some debate in the United Kingdom concerning whether a central laboratory could be useful to distant doctors [4]. Here, both cases were aptly rewarding to such doctors for whom the unexpected amebiasis came to light from afar. These thereby cases confirmed our previous local experiences [5,6].

What of world-wide experiences? In the words of Spencer [7], "The means by which amoebae initially invade host colonic epithelium and the environmental factors necessary to ensure that any particular strain of *E. histolytica* behaves in a pathogenic fashion have been studied intensively." On searching the literature, there were even evidences of "fulminant amebic colitis" in both Mexico [8], Colombia [9], South Africa [10], and India [11]. This can hardly be what occurred in our local patients.

In terms of research, endoscopic findings in Japan concerned lesional distribution [12]. With regard to the United States-Mexico border city, a case series was carried out [13], being described as "low but in some cases potentially life threatening." It was also reported that "Acute amebic colitis is not a rare disease in rural parts of the United States where outdoor privies and wells are in common" [14]. Such common use was not unknown in this community.

Conclusion

As to the future, United States of America authors have gone into "new insights into pathogenesis and treatment" [15]. It is to be hoped that the results obtained by them will eventually reach developing communities. Moreover, foreign sojourn must be taken into account when questioning patients [16]. An oddity is the history of rheumatoid arthritis [17]. In terms of differential diagnosis, UK associates were instructive thus: "Pathologists should look for amoebae in biopsies for inflammatory bowel disease" [18]. Ultrasonography must also be considered as in Pakistan [19], while immunocompetence is to be ruled out as was done in Brazil [20].

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Conflict of Interest

There is none.

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