<mark>Parasites:</mark>

Entamoeba histolytica:

Habitat: large intestine (ceacum, colonic flexure, sigmoidorectal region)

D.H:man

rats, man ,monkey,dogs, pits

Disease: amebiasis, amoebic dysentery

Infectious stage:quadrenucleated cyst

Diagnostic stage: both cyst and trophozoite

Diarheal stool...... trophozoite (acute dysentery)

Formed stool......cyst

Mode of transmission:

*(auto infection)feco-oral by ingestion of quadrnucleated cyst contaminated by stool through encystation from patient as immmature cyst.....quadrinucleated cyst at stool(non invasive).....ingestion in contaminated food and water.....mature cystexcystation (one cyst gives 8trophzoites).....trophozoite migrates to large intestine... multiply by binary fission البراز تطلع مع البراز invade intestinal mucosa and go to lung, liver , brain

^{*}contaminated food and water

^{*}food handler

^{*}flies and cockroaches

Intestinal amobiasis:

Asymptomatic: healthy carrier, cyst passer, ex: food

handler

Symptomatic;

Acute amoebic dysentery; fever abdominal cramp, blood, mucus, trophozoite in stool, WBC, RBC, diarhea, loose stool Chronic amoebic dysentery; acute not treated, low grade fever, diarhea+costipation, only cyst on stool

Complications:

Hemorrhage

Perforation

Appendicitis

Amoeboma

Histology;

Flask shape; cytolyzed cells,trophozoite,mucus

The most common site of amoebic ulcer is; caecum, colonic flexure, sigmoidorectal regions

Extraintestinal amobeiasis:

Liver....right lobe....liver abscess ,hepatitis

Lung....right lower part of right lung... lung abscess, pneumonitis

Brain... brain abscess, encephalaitis

Skin....cutaneous amoebiasis

Microscopic examination (intestinal amoebiasis):

Direct:

Macroscopic: loose stool with mucus and blood

Microscopic:

Stool examination;
Diarheal stool(trophozoite)
Formed stool(cyst)

Sigmoidoscopy ;to sea ulcer

X ray; barium enema to sea ulcer or stricture

Extraintestinal amoebiasis:

Direct;

*X ray

Liver; lesion Lung; elevation in diaphragm

*ultasonagraphy

*aspiration of abscess

Treatment;

Asymptomatic : luminal

amoebicide:paromomycin,diloxanide furoate

Intestinal amoebiasis; tissue amoebocide; metronidazole, tinidazole (the drug of choice)

Extraintestinal amoebiasis; tissue and luminal amoebocide; metronidazole, paromomycine, diloxanide furoate

Prevention

Boiling of water
Using high doses of chlorine and iodine
Eradication of fecal contamination of food and water

Giardia duodinalis: ex: giardia lamblia

Protozoa

Both trophzoite and cyst in life cycle
Habitat;small bowel,crypts of duodenum
Attached to host epithelium vili by ventral disk
Trophozoite; heart shape
Cyst;spherical shape

Mode of transmission; feco-oral

Disease; giardiasis

Asymptomatic; treatment not recommended

Symptomatic;

Watery diarrhoea, fatty greazy foul smelling, abdominal cramp, no wBC no RBC, (vomiting, tenesmus not common)

Infective form:cyst

Diagnostic form:trophzoite

Diagnosis;

Stool specimen; cyst and sometimes trophzoite Antigen detection; specific and sensitive Treatment; metronidazole, tinidazole

Cryptosporidium spp

C.parvum; human, mammals

C.hominis; human

Oocyst....sporozoite....merozoite....oocyst

Normal individualself limited diarhea Immunocompramized patientssevere diarhea Abdominal pain, vomiting both

Diagnosis; oocyst in stool
Treatment; self limited, oral, IV rehydration
Nitazoxanide, for HIVpatients

Ascaris; lumbricoides

Female longer
Male curved at posterior end

Mode of transmission, Feco-oral Reinfection

<mark>Habitat</mark> Small intestine

Infective stage; embryonated egg Diagnostic stage; unfertilized egg

They hatch in small intestine, break into alveoli then to bronchial tree before they are swallowed then develop to mature worm

Disease; ascariasis

Many of cases asymptomatic

Symptomatic;

Respiratory syndrome; loeffler syndrome

Gi manifestation; malnutrition,

malabsorption, anemia, jaundice, biliary obstruction

Diagnosis

Eosinophilia,infiltrate Microscope;eggs Smear ;fertilized ,infertilized eggs

Adult worm in feces Larvae; gastric aspirate, sputum

Treatment; albendazole

Enerobius vermicularis; pin worm

Small, thin, white worm

Habitat; large intestine (caecum)

Die after fertilization

Mode of transmission;

Fecal-oral

Inhalation

Sexual transmission direct from infected persons

Associated with crowding and families

Hatch in small intestine, migrate at night to perianal area and lies eggs, and eggs develop and go back by the same way at night

Symptoms;

Itching

Apendicitis

Oopharitis

Bowel lesions

Diagnosis; American football shape, flat at sides

Method;scotch tape (cellophane) لزقة على perianal area للطفلthen put it on slide

Treatment; albindazole

<mark>Parasites:</mark>

Hydated cyst; echinicoccus granulosis, the smallest tapeworms

Found in Definitive host; canine ingested by ;intermediate host(sheep,cattle,human)

Human; accidental host (the life cycle stop can't be continuated)

Hydated disease; dangerous depending on location and size of cyst

Diagnosis; radiology; serology
Treatment; albindazole, surgery
Grape like cysts found in liver, lung, muscle, spleen, kidney, heart, bone, brain
Slow growing cyst

Sichostosomiasis (bilharziasis) مرض البلهارس Caused by sichostosoma

Sichostosoma Manson I;inferior mesenteric vein Sichostosoma japonicum; superior, inferior mesenteric vein

Habitat; portal venous system

By blood go to liver and lung then by portal vein go to rectal veins

Have oral sucker on anterior surface, ventral sucker on ventral surface

Male ;flat ,leaf likeFolded to form gynacophoric canal to fold female

Pathogenesis

Penetrate skin; itching

Production of eggs ;granulomatous reaction and sclerosis Portal hypertension ,esophageal varices ,HSM,liver failure

Diagnosis;

Detect ova in stool or tissue biopsy

Treatment;

Praziquantel, single dose