

Summary :

● Protozoa

	Entamoeba Histolytica	Giardia Lamblia	Cryptosporidium Parvum
Habitat	Large intestine (cecum, colonic flexures and sigmoidorectal region)	Small intestine (in the crypts in the duodenum)	Epithelial cells of the stomach, intestine and biliary ducts
Disease	Amebiasis – bloody diarrhea (dysentery), liver abscess, histology of colon biopsy shows flask-shaped ulcers	Giardiasis – foul smelling, nonbloody, fatty diarrhea (steatorrhea)	Severe diarrhea (intractable diarrhea) in AIDs. Mild disease (watery diarrhea) in immunocompetent hosts
Transmission	Quadrinucleated Cysts in water	Cysts	Oocysts
Clinical diagnosis	Serology, stool examination, sigmoidoscopy, or x-ray after barium enema	Multinucleated trophozoites or cysts in stool, antigen detection	Oocytes on acid fast stain
Treatment	Metronidazole or tinidazole , Paromomycin or Diloxanide furoate for asymptomatic cyst passers	Metronidazole or tinidazole	Rehydration. Nitazoxanide for immunocompromised
Notes	<ol style="list-style-type: none"> 1. Definitive host : Human 2. Entamoeba Eats Erythrocytes. 3. Tenesmus and tenderness in acute amoebic dysentery. 4. Only cysts are found in stool in chronic infection 	<ol style="list-style-type: none"> 1. Flagellated 2. Trophozoites are attached to host villi by ventral disk. 3. Transmitted feco-orally 	<ol style="list-style-type: none"> 1. Intracellular parasites. 2. One oocyst gives four sporozoites

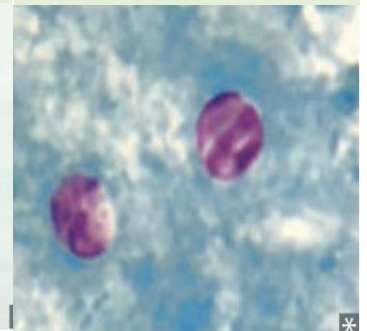
5. Hemorrhage and intestinal perforation are complications



4. Malabsorption and weight loss



3. Abdominal pain and cramping



Check out the other summary for Dr.Nader's - GI system - Parasites

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