Double trouble from Columbia

SD Woolley [1,2,3], J Jones [2] and NJ Beeching [1,2]

1. Tropical and Infectious Disease Unit, Royal Liverpool University Hospital
2. Liverpool School of Tropical Medicine, Liverpool
3. Centre of Defence Pathology, Royal Centre for Defence Medicine, Birmingham

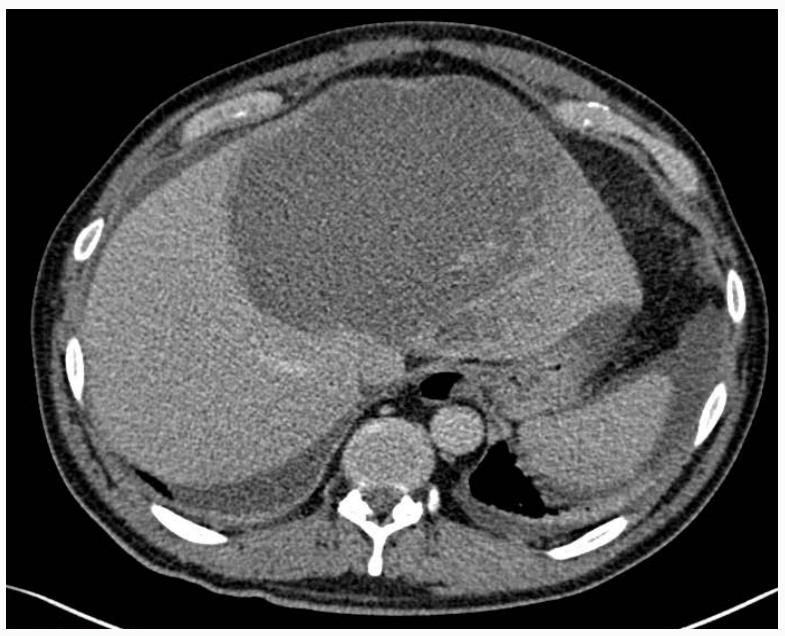
Patient A – Male, Age 61

He presented with right upper quadrant pain, fever and jaundice 2 weeks after returning from Cartagena, Columbia. His white cell count was 23.9 x 10^9 cells/L, C-reactive protein was 299 mg/L and bilirubin was 154 mg/dL. He was given empirical piperacillin/tazobactam. US of liver revealed a 15cm x 13cm hypoechoic spherical lesion, consistent with a liver abscess. This was drained as it was felt to be bacterial in origin, but serological testing for *Entamoeba histolytica* was also requested. The patient improved over the first 3 days then started to spike temperatures again.

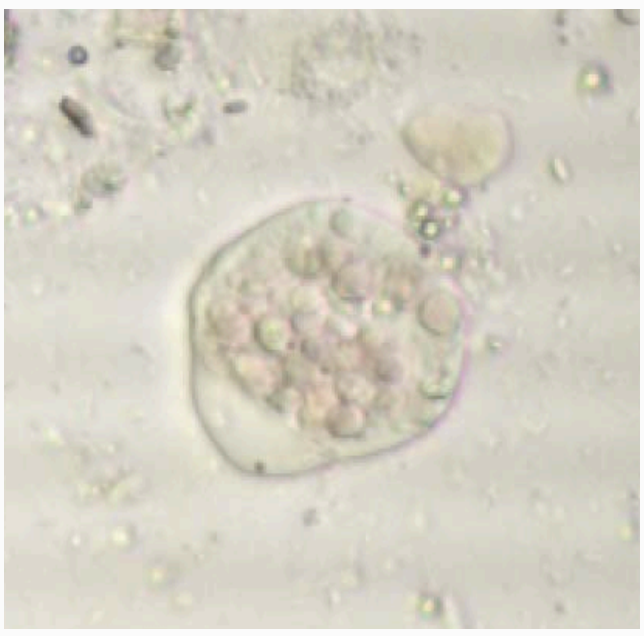
Patient B - Female, Age 41

Whilst visiting patient A 10 days into his admission, patient B stated that she had ongoing diarrhoea. She had been to the local Emergency Department after returning to the UK and had been discharged with a diagnosis of viral gastroenteritis. On subsequent review in the tropical clinic, she had a 5-week history of watery diarrhoea with some mucus, and weight loss of 12kg. She had travelled with her partner (Patient A) to Cartagena, Columbia, where they only ate and drank in their hotel. Neither of them had undertaken any high risk activities such as freshwater swimming or animal exposure.

Patient A- Liver pus



Patient A- CT Abdomen



Patient B- High power view of wet prep of fresh faeces (unstained)

Results and outcomes

Patient A had positive serology (IFA 1:256) and positive PCR for *E. histolytica* in pus from liver. He received 2 weeks of high dose intravenous metronidazole followed by oral paromomycin. The liver pus was also PCR positive for *E. histolytica.* Patient B had multiple motile *E. histolytica* trophozoites, which showed ingested red cells, on "hot stool" microscopy. She received oral tinidazole 2g daily for 3 days and subsequent paromomycin.

Take home messages

1) Amoebiasis is an important differential in travellers presenting with a liver abscess [1]
2) It is important to take a collateral history from all members of the travelling party
3) Invasive amoebic infection must be treated with a luminal agent after imidazoles [1]

Reference

1. Shirley DA, Farr L, Watanabe K, Moonah S. A review of the global burden, new diagnostics, and current therapies for amebiasis. *Open Forum Infectious Diseases.* 2018 July; 5(7): ofy161 doi: 10.1093/ofid/ofy161

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