

Amebiasis: An Overview

Mahdi Zaman*

Department of Health Sciences, University of Koya, Iraq

Introduction

In tropical nations with poor sanitation, amebiasis is frequent. The Indian subcontinent, sections of Central and South America, Mexico, and parts of Africa are the most common locations. It is uncommon in the United States. People who have travelled to tropical locations with underdeveloped sanitation, immigrants from tropical countries with underdeveloped sanitary conditions, people who live in institutions with underdeveloped sanitary conditions, such as prisons, men who have sex with other men, and people with suppressed immune systems and other health conditions are at the highest risk for amebiasis.

Description

In tropical nations with poor sanitation, amebiasis is frequent. The Indian subcontinent, sections of Central and South America, Mexico, and parts of Africa are the most common locations. It is uncommon in the United States.

Amebiasis is most common in the following people:

E. histolytica is a single-celled protozoan that enters the human body when cysts are consumed in food or water. It can also enter the body by coming into touch with faeces.

The cysts are a dormant form of the parasite that can survive for months in the soil or environment after being deposited in faeces. The small cysts can be found in infected feces-contaminated soil, fertiliser, or water.

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Food handlers may transfer the cysts when preparing or handling food,

putting them at risk for amebiasis. Anal sex, oral-anal sex, and colonic irrigation can all result in transmission.

Cysts lodge in the digestive tract when they enter the body. They subsequently release a trophozoite, an invasive, active form of the parasite. The parasites multiply in the stomach and then travel to the big intestine. They can burrow into the intestinal wall or colon from there. [1-5]

Conclusion

According to the Centers for Disease Control and Prevention (CDC), only 10 to 20% of people with amebiasis become unwell as a result of it. Amebiasis can cause bloody diarrhoea, colitis, and tissue destruction in persons who have no symptoms. The infected faeces can then transmit the disease by releasing additional cysts into the environment. When symptoms do arise, they usually manifest 1 to 4 weeks after the cysts have been consumed. At this stage, symptoms such as loose stools and stomach cramps are common. Amebiasis usually responds favourably to therapy and clears up within two weeks. If the parasite emerges in your internal tissues or organs, your prognosis is still good as long as you receive proper medical care. Amebiasis, on the other hand, can be fatal if left untreated.

Conflict of Interests

None

References

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*Address for Correspondence: Mahdi Zaman, Department of Health Sciences, University of Koya, Iraq, E-mail: mahdi@zaman.iq

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