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AMOEBIC COLITIS MIMICKING CROHN'S DISEASE

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Relevance. The parasitic infection Amebiasis is caused by the protozoan, *Entamoeba histolytica*. This parasite gives rise to both intestinal and extraintestinal manifestations. Intestinal manifestations (90% of the cases) can be colitis and extraintestinal manifestations may include liver abscess, cardiac, pleuropulmonary or cerebral dissemination. The prevalence of Amoebic Colitis is higher in developing countries. Regions with the highest number of cases of amoebic infections include India, Mexico, and parts of Africa, Central and South America. Amoebiasis is not a common disease in developed countries.

Object. This article aims to describe the features of Amoebic Colitis that could be misdiagnosed as Crohn's Disease.

Research methods. We conducted a retrospective analysis of 19 medical cases of patients with amebic colitis mimicking features of Crohn's disease that have been published. Since published cases of amebic colitis mimicking Crohn's disease were very few, there was no requirement for statistical analysis. However, we did incorporate an inclusion and exclusion criteria. Inclusion criteria consisted of case studies of amebic colitis that were recorded as either misdiagnosed or mimicking Crohn's disease. Exclusion criteria comprised of cases of patients with a history of already confirmed diagnosis of Crohn's disease prior to getting infected with *E. histolytica* who were misdiagnosed as a flare up of Crohn's disease.

Results and discussion. After a thorough analysis of all 19 cases, we excluded 2 patients who fit into the exclusion criteria. The mean age of the 17 patients were 44.8 years. 5 patients were female (29.4%) and 12 patients were male (70.6%). **Clinical findings:** 59% of the patients presented with abdominal pain whereas 35% presented with diarrhea and 29% presented with bloody diarrhea. 23.5% with rectal bleeding. 41% of patients experienced weight loss. Fever was presented by only 17.6% of the patients. 2 patients had perianal abscess where one of them had a communicating anal fistula. **Diagnostics:** Out of the 17 cases, only 1 patient's stool test was positive for *E. Histolytica*. In most of the cases, multiple stool tests showed negative results. In majority of the cases, proctoscopy examinations revealed edematous, friable rectal mucosa. Majority of colonoscopy findings showed multiple colonic ulcers on mucosa of cecum, ascending colon, associated with either polypoid lesions or with friable stricturizing lesions suggestive of Crohn's Disease. In two of the cases, histopathological findings with PAS staining showed trophozoites of *E. histolytica*. In some other cases colonic glands showed cryptitis. Degeneration, ulceration and inflammatory exudates with neutrophilic infiltration were also found. **Treatment:** Initially, five patients were misdiagnosed as Crohn's Disease. Some of them were started on the immunosuppressive drugs or corticosteroids. This worsened the clinical picture immediately. One patient also developed corticosteroid resistance. In one severe case, right hemicolectomy with ileostomy was also required. After the correct diagnosis of Amoebic Colitis, almost all patients were given the typical antiamoebic therapy, Metronidazole and in some cases combined with amoebicidal therapy, Paramomycin. Symptoms of patients resolved almost immediately after this therapy.

Conclusions. Since Amoebic Colitis is often misdiagnosed as Crohn's Disease, it is often mistakenly treated with immunosuppressants, which are the drug of choice for Crohn's disease. If the patient has Amoebic Colitis, this significantly worsens the status of the patient. Therefore, prompt diagnosis of Amoebic Colitis is essential to give the patient the appropriate treatment and to avoid the deterioration of the patient's condition.

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