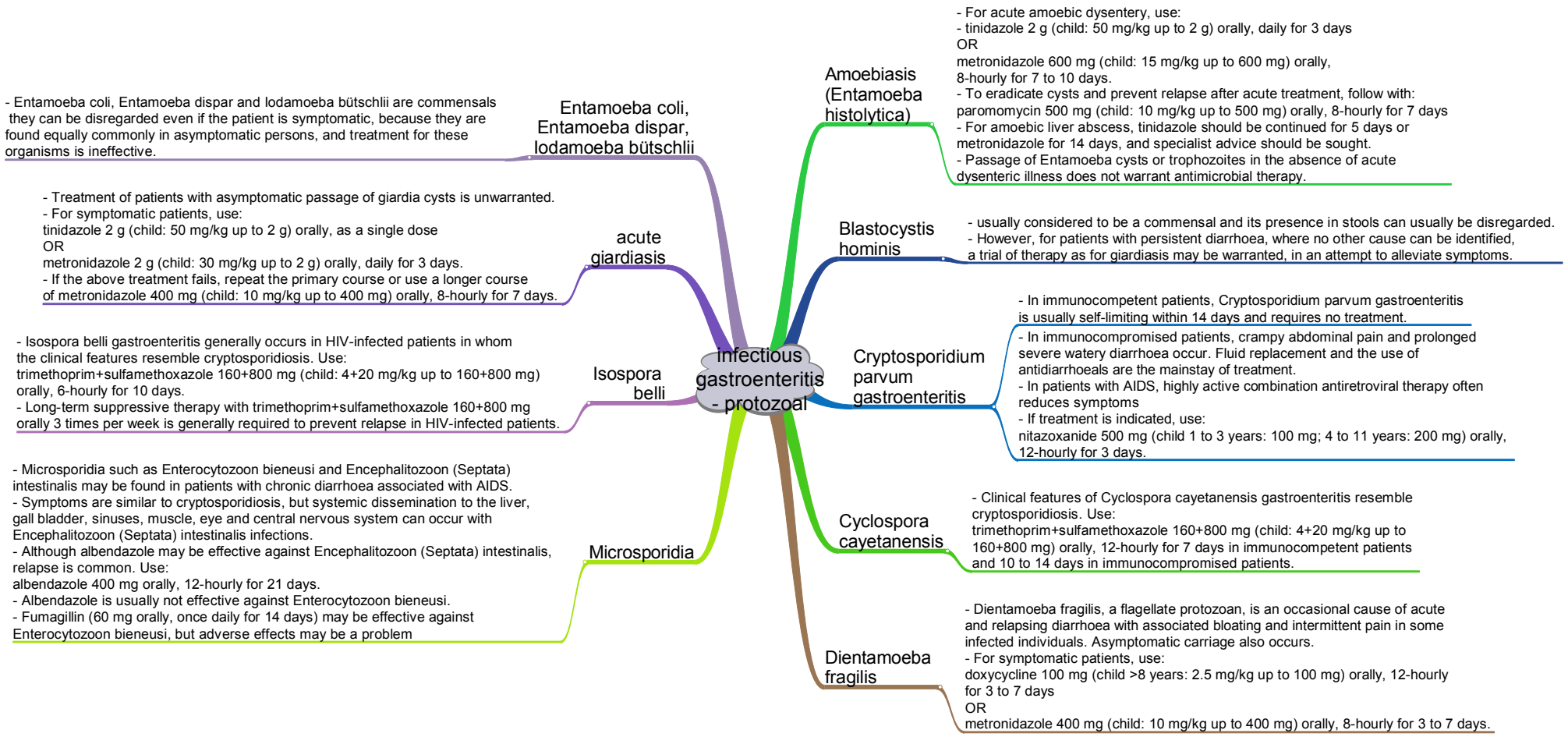
infectious gastroenteritis - protozoal
Entamoeba coli, Entamoeba dispar, Iodamoeba bütschlii
- Entamoeba coli, Entamoeba dispar and Iodamoeba bütschlii are commensals they can be disregarded even if the patient is symptomatic, because they are found equally commonly in asymptomatic persons, and treatment for these organisms is ineffective.
acute giardiasis
- Treatment of patients with asymptomatic passage of giardia cysts is unwarranted.
- For symptomatic patients, use:
tinidazole 2 g (child: 50 mg/kg up to 2 g) orally, as a single dose
OR
metronidazole 2 g (child: 30 mg/kg up to 2 g) orally, daily for 3 days.
- If the above treatment fails, repeat the primary course or use a longer course of metronidazole 400 mg (child: 10 mg/kg up to 400 mg) orally, 8-hourly for 7 days.
Isospora belli
- Isospora belli gastroenteritis generally occurs in HIV-infected patients in whom the clinical features resemble cryptosporidiosis. Use:
trimethoprim+sulfamethoxazole 160+800 mg (child: 4+20 mg/kg up to 160+800 mg) orally, 6-hourly for 10 days.
- Long-term suppressive therapy with trimethoprim+sulfamethoxazole 160+800 mg orally 3 times per week is generally required to prevent relapse in HIV-infected patients.
Microsporidia
- Microsporidia such as Enterocytozoon bieneusi and Encephalitozoon (Septata) intestinalis may be found in patients with chronic diarrhoea associated with AIDS.
- Symptoms are similar to cryptosporidiosis, but systemic dissemination to the liver, gall bladder, sinuses, muscle, eye and central nervous system can occur with Encephalitozoon (Septata) intestinalis infections.
- Although albendazole may be effective against Encephalitozoon (Septata) intestinalis, relapse is common. Use:
albendazole 400 mg orally, 12-hourly for 21 days.
- Albendazole is usually not effective against Enterocytozoon bieneusi.
- Fumagillin (60 mg orally, once daily for 14 days) may be effective against Enterocytozoon bieneusi, but adverse effects may be a problem
Amoebiasis (Entamoeba histolytica)
- For acute amoebic dysentery, use:
- tinidazole 2 g (child: 50 mg/kg up to 2 g) orally, daily for 3 days
OR
metronidazole 600 mg (child: 15 mg/kg up to 600 mg) orally, 8-hourly for 7 to 10 days.
- To eradicate cysts and prevent relapse after acute treatment, follow with:
paromomycin 500 mg (child: 10 mg/kg up to 500 mg) orally, 8-hourly for 7 days
- For amoebic liver abscess, tinidazole should be continued for 5 days or metronidazole for 14 days, and specialist advice should be sought.
- Passage of Entamoeba cysts or trophozoites in the absence of acute dysenteric illness does not warrant antimicrobial therapy.
Blastocystis hominis
- usually considered to be a commensal and its presence in stools can usually be disregarded.
- However, for patients with persistent diarrhoea, where no other cause can be identified, a trial of therapy as for giardiasis may be warranted, in an attempt to alleviate symptoms.
Cryptosporidium parvum gastroenteritis
- In immunocompetent patients, Cryptosporidium parvum gastroenteritis is usually self-limiting within 14 days and requires no treatment.
- In immunocompromised patients, crampy abdominal pain and prolonged severe watery diarrhoea occur. Fluid replacement and the use of antidiarrhoeals are the mainstay of treatment.
- In patients with AIDS, highly active combination antiretroviral therapy often reduces symptoms
- If treatment is indicated, use:
nitazoxanide 500 mg (child 1 to 3 years: 100 mg; 4 to 11 years: 200 mg) orally, 12-hourly for 3 days.
Cyclospora cayetanensis
- Clinical features of Cyclospora cayetanensis gastroenteritis resemble cryptosporidiosis. Use:
trimethoprim+sulfamethoxazole 160+800 mg (child: 4+20 mg/kg up to 160+800 mg) orally, 12-hourly for 7 days in immunocompetent patients and 10 to 14 days in immunocompromised patients.
Dientamoeba fragilis
- Dientamoeba fragilis, a flagellate protozoan, is an occasional cause of acute and relapsing diarrhoea with associated bloating and intermittent pain in some infected individuals. Asymptomatic carriage also occurs.
- For symptomatic patients, use:
doxycycline 100 mg (child >8 years: 2.5 mg/kg up to 100 mg) orally, 12-hourly for 3 to 7 days
OR
metronidazole 400 mg (child: 10 mg/kg up to 400 mg) orally, 8-hourly for 3 to 7 days.