



[Home](#) → [Medical Encyclopedia](#) → Amebiasis

URL of this page: //medlineplus.gov/ency/article/000298.htm

Amebiasis

Amebiasis is an infection of the intestines. It is caused by the parasite *Entamoeba histolytica*.

Causes

E. histolytica can live in the large intestine (colon) without causing damage to the intestine. In some cases, it invades the colon wall, causing colitis, acute dysentery, or long-term (chronic) diarrhea. The infection can also spread through the bloodstream to the liver. In rare cases, it can spread to the lungs, brain, or other organs.

This condition occurs worldwide. It is most common in tropical areas that have crowded living conditions and poor sanitation. Africa, Mexico, parts of South America, and India have major health problems due to this condition.

The parasite may spread:

- Through food or water contaminated with stools
- Through fertilizer made of human waste
- From person to person, particularly by contact with the mouth or rectal area of an infected person

Risk factors for severe amebiasis include:

- Alcohol use
- Cancer
- Malnutrition
- Older or younger age
- Pregnancy
- Recent travel to a tropical region
- Use of corticosteroid medicine to suppress the immune system

In the United States, amebiasis is most common among those who live in institutions or people who have traveled to an area where amebiasis is common.

Symptoms

Most people with this infection do not have symptoms. If symptoms occur, they are seen 7 to 28 days after being exposed to the parasite.

Mild symptoms may include:

- Abdominal cramps
- Diarrhea: passage of 3 to 8 semiformal stools per day, or passage of soft stools with mucus and occasional blood
- Fatigue
- Excessive gas
- Rectal pain while having a bowel movement (tenesmus)
- Unintentional weight loss

Severe symptoms may include:

- Abdominal tenderness
- Bloody stools, including passage of liquid stools with streaks of blood, passage of 10 to 20 stools per day
- Fever
- Vomiting

Exams and Tests

The health care provider will perform a physical exam. You will be asked about your medical history, especially if you have recently traveled overseas.

Examination of the abdomen may show liver enlargement or tenderness in the abdomen.

Tests that may be ordered include:

- Blood test for amebiasis
- Examination of the inside of the lower large bowel (sigmoidoscopy)
- Stool test
- Microscope examination of stool samples, usually with multiple samples over several days

Treatment

Treatment depends on how severe the infection is. Usually, antibiotics are prescribed.

If you are vomiting, you may be given medicines through a vein (intravenously) until you can take them by mouth. Medicines to stop diarrhea are usually not prescribed, because they can make the condition worse.

After antibiotic treatment, your stool will likely be rechecked to make sure the infection has been cleared.

Outlook (Prognosis)

Outcome is usually good with treatment. Usually, the illness lasts about 2 weeks, but it can come back if you do not get treated.

Possible Complications

Complications of amebiasis may include:

- Liver abscess
- Medicine side effects, including nausea
- Spread of the parasite through the blood to the liver, lungs, brain, or other organs

When to Contact a Medical Professional

Call your health care provider if you have diarrhea that does not go away or gets worse.

Prevention

When traveling in countries where sanitation is poor, drink purified or boiled water. Do not eat uncooked vegetables or unpeeled fruit.

Alternative Names

Amebic dysentery; Intestinal amebiasis; Amebic colitis; Diarrhea - amebiasis

References

Petri WA, Haque R. Entamoeba species, including amebic colitis and liver abscess. In: Bennett JE, Dolin R, Blaser MJ, eds. *Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases, Updated Edition*. 8th ed. Philadelphia, PA: Elsevier Saunders; 2015:chap 274.

Petri WA, Lima AAM. Amebiasis. In: Goldman L, Schafer AI, eds. *Goldman-Cecil Medicine*. 25th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap 352.

Review Date 7/31/2016

Updated by: Jatin M. Vyas, MD, PhD, Assistant Professor in Medicine, Harvard Medical School; Assistant in Medicine, Division of Infectious Disease, Department of Medicine, Massachusetts General Hospital, Boston, MA. Also reviewed by David Zieve, MD, MHA, Isla Ogilvie, PhD, and the A.D.A.M. Editorial team.

How helpful is this web page to you?

Not helpful

Very helpful



A.D.A.M., Inc. is accredited by URAC, also known as the American Accreditation HealthCare Commission (www.ura.org). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#) and [privacy policy](#). A.D.A.M. is also a founding member of Hi-Ethics and subscribes to the principles of the Health on the Net Foundation (www.hon.ch).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed physician should be consulted for diagnosis and treatment of any and all medical conditions. Call 911 for all medical emergencies. Links to other sites are provided for information only -- they do not constitute endorsements of those other sites. Copyright 1997-2019, A.D.A.M., Inc. Duplication for commercial use must be authorized in writing by ADAM Health Solutions.

