Commentary Open Access

A Prognosis and Hygienic Measures Towards Preventing Amoebiasis

Mona Zaki Zaghloul*

Department of Clinical Pathology, Ain Shams University, Egypt

Introduction

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 amoebiasis include: Alcohol use, Cancer Malnutrition, Older or younger age, Pregnancy and Recent travel to a tropical region, Use of corti-costeroid medicine to suppress the immune system.

In the United States, amoebiasis is most common among those who live in institutions or people who have travelled to an area where amoebiasis is common [1]. 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, Diarrhoea: passage of 3 to 8 semi-formed stools per day, or passage of soft stools with mucus and occasional blood, Fatigue, Excessive gas, Rectal pain while having a bowel movement and 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 and Vomiting.

Discussion

The health care provider will perform a physical exam. You will be asked about your medical history, especially if you have recently travelled overseas. Examination of the abdomen may show liver enlargement or tenderness in the abdomen.

Tests that may be ordered include: Blood test for amoebiasis, Examination of the inside of the lower large bowel, Stool test, Microscope examination of stool samples, usually with multiple samples over several days [2].

Treatment depends on how severe the infection is. Usually,

antibiotics are prescribed. If you are vomiting, you may be given medicines through a vein until you can take them by mouth. Medicines to stop diarrhoea 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.

Outcome is usually good with treatment [3]. Usually, the illness lasts about 2 weeks, but it can come back if you do not get treated.

Complications of amoebiasis 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 traveling in countries where sanitation is poor, drink purified or boiled water [4]. Do not eat uncooked vegetables or unpeeled fruit. Wash your hands after using the bathroom and before eating.9 out of 10 people with amoebiasis do not develop any symptoms. In those who do develop symptoms, diarrhoea, which can be bloody, is the most common symptom. Those most at risk of amoebiasis include travellers to areas where amoebiasis is common [5]. Most people who become infected with E. histolytica do not develop any symptoms.

Conclusion

However, symptoms may develop if the parasite causes inflammation of the lining of your gut. It is thought that, worldwide, about 40 to 50 million people infected with E.histolytica develop amoebic colitis or abscesses, causing up to 100,000 deaths per an year.

References

- Shirley DAT, Farr L, Watanabe K, Moonah S (2018) A review of the global burden, new diagnostics, and current therapeutics for amoebiasis. Open Forum Infect Dis UK 5:1-9.
- Stanley SL (2006) Vaccines for amoebiasis: barriers and opportunities. Parasitology UK 133:81-86.
- Thomson JG, Thomson D (1916) Memorandum On The Prevention Of Amoebic Dysentery. Br Med J UK 1:880-881.
- Palomo AM, Báez MM (1993) Selective primary health care: strategies for control of disease in the developing world. X. Amebiasis. Rev Infect Dis NY 5:1093-1102.
- Bansal D, Sehgal R, Chawla Y, Malla N, Mahajan RC (2006) Multidrug resistance in amoebiasis patients.

*Corresponding author: Mona Zaki Zaghloul, Department of Clinical Pathology, Ain Shams University, Egypt, Tel:+224023494, E-mail: monazaki810@hotmail.com

Received: 23-Mar-2022, Manuscript No. AWBD-22-57610; **Editor assigned:** 25-Mar-2022, PreQC No. AWBD-22-57506 (PQ); **Reviewed:** 08-Apr-2022, QC No. AWBD-22-57610; **Revised:** 14-Apr-2022, Manuscript No. AWBD-22-57610; **Published:** 21-Apr-2022, DOI: 10.4172/2167-7719.1000153

Citation: Zaghloul MZ (2022) A Prognosis and Hygienic Measures Towards Preventing Amoebiasis. Air Water Borne Dis 11: 153.

Copyright: © 2022 Zaghloul MZ. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.