

# NEONATAL AMOEBIASIS MAY NOT BE AS RARE AS WE THOUGHT, A CASE SERIES

## Dr. Zahreddin Abusalah

MMBCh, DCH, FRCPC  
Consultant Neonatologist, Neonatal Intensive Care Unit  
Mediclinic City Hospital, Dubai, United Arab Emirates

### Introduction:

*Entamoeba Histolytica* (EH) is the protozoan parasite responsible for dysentery and amoebiasis. It can cause invasive intestinal and extraintestinal disease. It is responsible for up to 100,000 deaths every year worldwide.<sup>1,2</sup> Over the years, only a handful of cases of neonatal and infantile amoebiasis have been reported.<sup>3,4,5</sup> This case study highlights a higher incidence of this infection in this age group than previously thought.

### Methods:

A total of six babies presented to us at the Neonatal Intensive Care Unit (NICU) at Mediclinic City Hospital in Dubai over a period of 24 months. All of them but one shared a universal symptom of passing stool mixed with fresh blood. Other symptoms were variable according to gestation and the age at presentation.

The first baby was a 25 week preterm baby. He became unwell at the age of two weeks. He developed bloody stools associated with abdominal distension. He needed to be re-ventilated.

The other two babies were preterm babies born at 26 and 25 weeks. However, they developed the infection at a corrected gestation of 38 and 44 weeks respectively. They remained well with no other associated symptoms.



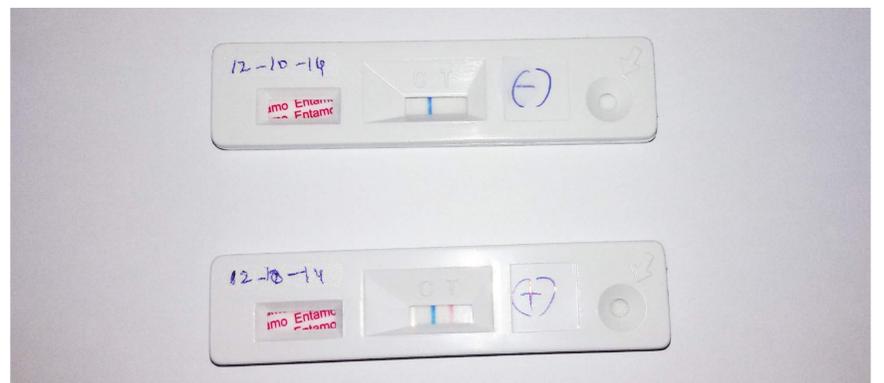
The other two babies were term well babies who were reported to pass fresh blood mixed with their stool shortly after birth while on the postnatal ward. Interestingly, with one of these two babies, there was a history of confirmed neonatal amoebiasis with his older sibling. The sibling was born two years ago in a different Middle Eastern country. This was suggestive of ongoing maternal carriage status.

The last baby was at 23 weeks and six days of gestation. He developed small bowel perforation as a complication of Necrotising Enterocolitis. His infection manifested itself in a sudden increase in his ileostomy output associated with raised C-reactive protein.

### Results:

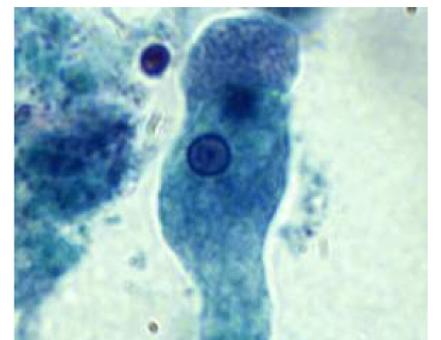
A diagnosis of amoebiasis was confirmed by the detection of EH antigens in stool (chromatographic immunoassay) in all babies. All these babies had normal platelets count and coagulation profile. Their parents and household contacts were tested for entamoeba in stool.

All babies were successfully treated with metronidazole. Their stool testing after treatment was negative for EH.



### Conclusion:

Neonatal amoebiasis appears to be more common than previously reported. It should be suspected in every baby presenting with passing fresh blood in their stool. The diagnosis may be reliably and specifically made using rapid EH antigen detecting test.<sup>6</sup>



### References:

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