A Man with Periappendicular Ulcerations

(See page 838 for the Photo Quiz)

**Figure 1.** Periappendicular ulceration (5-pointed star) surrounded by erythematous mucosa (4-pointed star).

**Figure 2.** Histopathologic section of periappendicular tissue reveals numerous trophozoites with intracytoplasmic red cells (diamond) at the edge of a cecal erosion (triangle).

Diagnosis: Periappendicular amebiasis.

After observation of the periappendicular ulcerations and the identification of trophozoites in the biopsy specimen (figures 1 and 2), *Entamoeba histolytica* cysts were identified on examination of stool specimens. The patient was subsequently investigated for amebiasis risk factors. He had never traveled in tropical areas. He reported no homosexual contact but declared that he had engaged in heterosexual oral-anal practices with 2 occasional partners 4 weeks earlier. Results of screening for other sexual transmitted diseases (including HIV infection) were negative. The patient was treated with metronidazole (500 mg t.i.d) and hydroxyquinoline for 10 days. Counseling regarding sexual transmitted diseases was given. The patient was asymptomatic at a follow-up examination 2 months after discharge from the hospital.

Amebiasis is rarely seen in European countries. The infection is generally acquired during travel to parts of the world where it is endemic. Nevertheless, *E. histolytica* is a frequent commensal intestinal parasite among homosexual men, even in the absence of invasive disease. Homosexuality and oral-anal sex are the most important risk factors for *E. histolytica* infection in countries where it is not endemic [1]. In a series of 180 consecutive patients (163 men and 17 women) investigated at a sexually transmitted disease clinic, >20% were infected with *E. histolytica* [1]. All were homosexual or bisexual men, and none was a woman or a heterosexual man. A significant association was noted between oral-anal sex and infection with *E. histolytica*. In another series of 354 men, 45 of 225 homosexual subjects were infected with *E. histolytica*, and 0 of the 129 heterosexual patients were infected. There was no correlation between the presence of the parasite in stool samples and digestive symptoms [2]. However, these data were collected before the spread of the HIV/AIDS epidemic. Since that time, sexual behavior among homosexual men has changed, and those prevalences need to be updated. We cannot exclude the possibility that our patient had engaged in homosexual prac-
tices that he did not declare, but he did report other risky and unprotected sexual practices. As far as we know, heterosexual transmission of *E. histolytica* is rarely reported [3, 4].

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Maud Lemoine,¹ Xavier Dray,¹ Anne Lavergne-Slove,² and Kouroche Vahedi¹

¹Service d’Hépato-gastroentérologie et d’Assistance Nutritive and ²Service Central d’Anatomie et Cytologie Pathologique, Hôpital Lariboisière, Paris, France

**References**


Reprints or correspondence: Dr. Xavier Dray, Service d’Hépato-gastroentérologie et d’Assistance Nutritive, Hôpital Lariboisière, 2 Rue Ambroise Paré, 75475 Paris cedex 10, France (xavier.dray@lrb.aphp.fr).

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