

## **Answers to Medical Quiz**

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- A. 1 Mucosal ulceration covered by inflammatory exudate rich in lymphocytes and a pale body with space around.
- A. 2 Amoebic appendicitis
- A. 3 Typical trophozoites of *Entamoeba histolytica* with space around these bodies are seen. Special stain such as Periodic Acid Schiff reveals these as dark pink bodies. Such trophozoites with ingested red blood cells within, further reveal this diagnosis.
- A. 4 *Entamoeba coli* lack ingested red blood cells and features of acute appendicitis should be absent.
- A. 5 Perforation and peritonitis. Colon especially caecum, Rectum and Liver.

### **DISCUSSION**

*Entamoeba histolytica* occasionally infests the appendix, but its presence in association with acute appendicitis is very rare<sup>1-4</sup>. It is not clear why some parasites become pathogenic and invasive resulting in ulceration. In these appendices, bacterial infection often supervenes resulting in the clinical presentation of acute appendicitis. In the tropics, colonic amoebiasis constitutes one of the most significant gastrointestinal diseases. It commonly presents as colitis/typhilitis, liver abscess, amoeboma, peritonitis and rarely as localized appendicitis<sup>1</sup>. Amoebic appendicitis has been reported in 7-40 % of patients dying from amoebiasis and those presenting as an acute abdomen; isolated amoebic appendicitis is well documented<sup>1-5</sup>.

The noteworthy aspect of this case was the presentation with acute appendicitis without any clinical pointers as to its amoebic aetiology. Stool routine examination was not undertaken, as amoebiasis was not suspected pre-operatively. Also there was no operative evidence of hepatic or colonic amoebiasis. In this case, specific cause of appendicitis could be ascertained only on histopathologic examination of the surgically removed appendix. Increased awareness of this entity by pathologists may lead to an increase in detection of such cases.

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