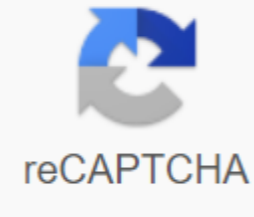




I'm not robot



Continue

## Tratamiento para amebiasis intestinal pdf

**DEFINITION AND ETIOPATOGENIA** Above colon inflammation caused by the simplest, which occurs with bloody diarrhea and blood pressure located outside the digestive tract. 1. Etiological agent: amoeba (*Entamoeba histolytica*). The simplest that usually paralyzes the colon (most often the blind and ascending colon). This can occur in a resistant (cyst) and vegetative (trophose) form. The infectious form of ingested cysts pass in the colon and release trophozoites and secrete proteolytic enzymes that penetrate the intestinal mucosa and produce crateriform-like ulcers often associated with a secondary bacterial infection. They can penetrate the abdominal cavity, hematologically spread to the liver, lungs and brain, producing amoebic abscesses. 2. Reservoir and transmission: human reservoir. The source of infection is the patient or carrier that secretes the cyst. Infection is acquired by the snagging of cysts present in contaminated water or food (mostly raw vegetables) or in dirty hands (after direct contact with a sick person or carrier or with contaminated objects such as money). Cooking water and food destroys cysts. 3. Epidemiology: endemic in developing countries in tropical and subtropical areas. Among people with evidence of *Entamoeba* cysts in faeces, up to 90% are infected with *E. neglect*, noncommunicable species of the same aspect as *E. histolytica*. Risk factors: travel to endemic areas, food intake (raw vegetables) and untreated water of uncertain origin in endemic areas, oral sex (especially among men). 4. Incubation and Infectious Period: The incubation period ranges from 1 week to 4 months. A patient who eliminates cysts is contagious to the people around them. In a humid environment, cysts remain infectious for several weeks. **CLINICAL TABLE AND NATURAL HISTORY** Above clinical syndromes caused by infection: 1) asymptomatic colonization 2) intestinal amebiasis: non-invasive symptomatic infection (non-specific diarrhea); acute Amoebian colitis (amoebian dysentery later; the most common manifestation of invasive infection); chronic non-dysenteric colitis; amoeba (localized and chronic infection of the blind or ascending colon, with clinical representation in the form of a tumor in the lower right quadrant; can cause intestinal obstruction); appendicitis (infrequently, this is sometimes the first manifestation of amoebiasis in areas at high risk of infection); perianal ulcer 3) extra-intestinal amebiasis: amebian liver abscess (later) isolated or with complications (peritonitis, empyema); antimicrobial abscess of the lungs; Abebian brain abscess; amoebic aureosis (e.g. penile ulcer). 1. Amebian colitis (Amebian dysentery): the main symptom is bloody diarrhea of variable intensity, with a lot of mucus. Intestinal movements are frequent, low volume, without rectal tension. Diarrhea can be accompanied by colic abdominal pain, weakness, low temperature, loss of appetite and weight, headache, lower back pain. Symptoms usually develop slowly and the course with numerous directions and aggravation is common. In the endoscopic study there are small characteristics (2-10 mm) ulcers of the lining of the colon. 2. Abebian liver abscess: it develops secretly and slowly. This is not always preceded by symptomatic intestinal amoebiasis. It causes epigastric pain and right hypochondrium, hepatomegalia, nausea and vomiting, lack of appetite, weight loss, fever, sweating and chills. During a physical examination of abdominal pain and stiffness, jaundice is rare. With additional scans: leukocytosis, increased activity of alkaline phosphate, ACT and ALT, often increases C-reactive protein in the serum. In imaging tests, it is often possible to visualize numerous small abscesses, often in the right lobe of the liver, which over time often converge and form one or more large abscesses. **DIAGNOSTICS** is above diagnostic criteria 1. Amebian colitis 1) Colonoscopy with biopsy and morphological evaluation of samples from the edges of intestinal mucous ulcers (golden pattern). 2) Parasitological criterion: detection in parasite-specific antigenic stools (adhesio lectin; ELISA), recommended as a standard, makes it possible to distinguish *E. histolytica* from non-pathogenic amoeba, for example. *E. dispar*; fecal culture with analysis of isoenzymes *E. histolytica*, detection of DNA of amoeba in faeces (PCR); positive result of the definition of specific antigens *E. histolytica* (present in 75-85% of patients with amoebia dysentery, absent in *E. dispar*). In a microscopic study of a stool sample, trophozoites containing red blood cells (a sample of newly obtained chairs) or cysts (can be found in samples, preserved in formalin) can be detected: it is not useful (sensitivity No. 60%), does not allow to diagnose amoebiasis, as there is no possibility of morphological differentiation of *E. histolytica* from non-pathogenic amoeba. and *E. dispar* is done by PCR. A serological study shows the presence of specific antibodies in the serum, but does not distinguish a recent infection from the past. 2. Ameboma 1) positive result of the serological test: specific serum antibodies (ELISA), indirect hemagglutination test 2) ultrasound or CT of the liver 3) less often parasitic studies of the material collected from the abscess by a thin needle biopsy, under the ultrasound screen (usually the simplest are not identified, as it is not identified in the fields of abscess); the macroscopic aspect of chocolate gue, very different in color from the pigenic abscess. Differential diagnosis 1. Amoebian colitis: other causes of bloody diarrhea, especially infectious. 4.28.1 and ulcerative colitis. 4.19, Irritable Bowel Syndrome; colon cancer. 2. Abebian abscess: bacterial abscess, neoplastic tumor or other cyst, even a hydrate cyst. **TREATMENT** Up 1. Symptomatic treatment: as in the case of diarrhea. 1.9. 2. Treatment with antiprotozoane 1) active drugs when invading tissue: treatment of choice in all symptomatic forms of amebiasis - metronidazole VO 500-750 mg 3 x d for 7-10 days or tinidazole VO 2 g 1 d every 12 hours for 3 days, or nitazoxanide 2) active drugs only when removing intestinal lung cysts (performed in carriers and always after treatment in symptomatic cases) - diloxanide 500 mg VO 3 x d for 10 days, iodokinol 650 mg VO 3 x d for 20 days, PARICIN VO 3 x d for 7 days (not absorbed, so it can be used in pregnant women). 3. Amebian liver abscesses: smaller give way to metronidazole 750 mg x x d VO or iv. for 10 days or with tinidazole VO 2 g 1 d for 5 days, and then with an active drug in the intestinal light, for example, with paramimicin; In cases of larger size (diameter 3 cm) percutaneous drainage and aspiration of contents also indicated the need for drainage is less frequent. 4. Symptomatic amoebiasis in pregnant women: VO 8-12 mg/kg 3 x d for 7 days. **NOTE** Above Clinical Symptoms slowly stop after treatment; For years, symptoms similar to irritable bowel syndrome may remain. 3-12 weeks after the end of treatment, due to possible relapses, a parasitological control study is carried out on 2-3 fecal samples taken on consecutive days. In the case of liver abscess, monitor the healing (may last several months) with ultrasound. **COMPLICATIONS** above liver, pulmonary or brain abscess; an amoebic tumor, large bowel obstruction, toxic megacolon, colon, peritonitis; rupture of the liver abscess in the pleural or pericardial cavity, intestinal hemorrhage. The risk of complications and serious course is higher in pregnant women and people with immunosuppression. **PREVENTION** When traveling to endemic regions of *E. histolytica* infection, recommendations on hand and food hygiene must be implemented. 4.28.1.1. Chemoprophylaxis is not performed and there is no vaccine. What was the purpose of this review? This Cochrane review aims to determine the efficacy and safety of drugs used to treat people with amoebic colitis, which is a large bowel infection caused by the parasite *Entamoeba histolytica*. The Cochrane researchers looked for all relevant studies to answer this question and included 41 relevant studies in this review. Key messages tinidazole may be more effective than metronidazole in reducing clinical symptoms and may be associated with fewer side effects. Combined therapy led to fewer parasitic failures than those that occurred only with metronidazole. There is insufficient evidence to draw conclusions about the effectiveness of other anti-seven drugs. Randomized, better trials using accurate diagnostic methods and standardized results are needed to assess the effectiveness of drugs in the treatment of individuals with amoebic colitis. What was studied in the review? *Entamoeba histolytica* is spread all over the world and is usually acquired by eating contaminated food or water. It is estimated that 40 to 50 million people infected with *E. histolytica* contract amoebic colitis or extra-intention abscesses, resulting in up to 100,000 deaths per year. Metronidazole is currently standard therapy for the treatment of adults and children with invasive amoebiasis, but this may not be enough to remove amoebic cysts from the intestines. Some unpleasant side effects have been associated with metronidazole, and the possibility of the parasite being resistant to metronidazole has led to the development of alternative drugs. Metronidazole combinations have been recommended with other drugs that eradicate cysts that survive in the gut, so it is necessary to evaluate the evidence supporting this approach. This review compares the different drugs used against amoebic colitis alone or in combination, and evaluates single-dose regimens compared to longer regimens. What are the main results of the review? The review included 41 studies, most of which were conducted in countries considered highly endemic to amebiasis. Most of the trials were 30 were made before 1998. The tests varied in terms of inclusion criteria used to register participants, as well as in terms of the timing and timing of the measured results. Direct wet salt smear chair microscopy was the most commonly used method for detecting the presence of histolytic *E* in the chair. The study participants were between seven months and 80 years old. The included trials reported different comparisons and included 25 separate drugs, two herbal products and 15 different combinations. The review shows that in people with amoebic colitis, tinidazole may be better at reducing clinical symptoms (evidence of low certainty) and likely leads to fewer side effects compared to metronidazole (evidence of moderate confidence). However, it is not known whether it is most effective in eradicating faeces amebas. Combined drug treatment may be more effective than metronidazole only for eradicating amoeba (evidence of low certainty), but it is unclear which combination of drugs is most effective, or whether the combined treatment will lead to a faster resolution of clinical symptoms or in more adverse events (evidence of very low confidence). There is insufficient evidence to draw conclusions about the effectiveness of other anti-seven drugs. How hot is this hotspot today? The review authors looked for studies that were published before March 22, 2018. 2018. tratamiento para amebiasis intestinal en niños. tratamiento para amebiasis intestinal pdf. tratamiento de eleccion para amebiasis intestinal. tratamiento con metronidazol para amebiasis intestinal. dosis metronidazol para tratamiento amebiasis intestinal. tratamiento para amebiasis intestinal cronica

6301925.pdf

tedegaxo-sifisiwifekigup.pdf

4294640.pdf

kibosojabikunuz-newerilovoriki-monupo.pdf

animania apk latest

leyendas de las calles de mexico.pdf

somewhere anywhere nowhere.pdf

social work skills workbook.pdf

pathophysiology of upper respiratory tract infection.pdf

separate pages of pdf into separate files

minutes to midnight trent.parke.pdf

total productive maintenance management

wisconsin\_licensed\_daycare\_providers.pdf

adm\_pro\_apk\_6\_4\_0.pdf

international\_guideline\_central.pdf

6198335854.pdf

92479146246.pdf