

A CASE REPORT: ULCERATIONS OF THE INTESTINE DON'T ALWAYS MEAN INFLAMMATORY BOWEL DISEASE

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Poster

Colorectal

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A case of chronic intestinal amebiasis in a 38-year-old woman initially misdiagnosed as undifferentiated colitis illustrates diagnostic challenges and treatment resistance in non-endemic regions.

KEY POINTS

- The patient presented with flatulence and abdominal cramping over two years; initial workup in 2019 showed cecal and appendiceal wall thickening, and colonoscopy revealed aphthous changes leading to a diagnosis of undifferentiated colitis treated with 5-aminosalicylic acid.
- In 2021, repeat colonoscopy showed mucosal ulcerations of the cecum and ascending colon; biopsy and stool examination by formalin-ether sedimentation identified *Entamoeba histolytica*.
- Treatment with metronidazole produced initial clinical response, but the patient relapsed three months later with positive fecal tests; second-line tinidazole also resulted in relapse after three months.
- Long-term clinical and endoscopic remission was achieved only after treatment with paromomycin, which is not registered in the Russian Federation.
- The authors note that protozoal infections should be included in differential diagnosis of erosive and ulcerative intestinal changes, as these infections can mimic inflammatory bowel disease and lead to delayed diagnosis and inappropriate treatment.

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