

Patient information from the BMJ Group

Amoebic dysentery

In this section

[What is it?](#)

[What are the symptoms?](#)

[How is it diagnosed?](#)

[How common is it?](#)

[What treatments work?](#)

[What will happen?](#)

[Questions to ask](#)

Amoebic dysentery

Amoebic dysentery, or amoebiasis, is an infection in your bowels (intestines) caused by a type of organism called an amoeba. You're most likely to get it if you've been travelling in a developing country. If you have amoebic dysentery, you get bad diarrhoea. It can be treated with antibiotics.

We've brought together the best research about amoebic dysentery and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

What is amoebic dysentery?

If you have amoebic dysentery, you get bad **diarrhoea**. You get amoebic dysentery if your bowels (intestines) are infected with a type of germ called an amoeba.

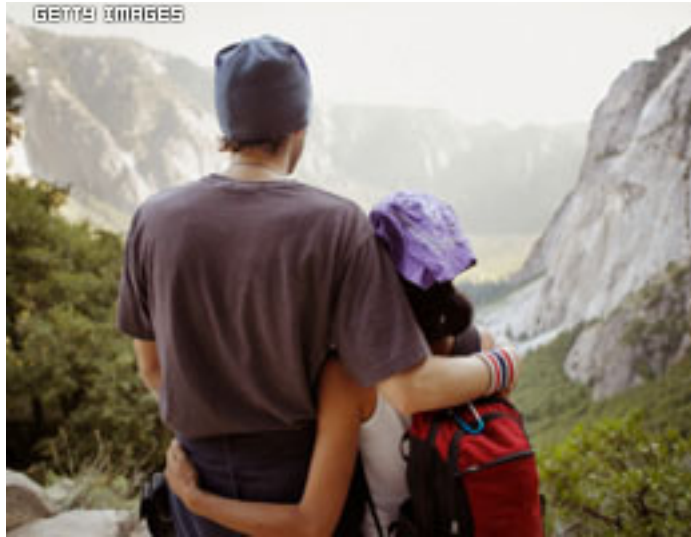
Amoebas are tiny **parasites**. This means they can live inside your body. If you eat food or drink water containing amoebas, they can get inside your body and live in your bowels. Sometimes they live inside your body without making you ill. ^[1] ^[2] But they can also cause bad diarrhoea.

If you're infected, your stools will contain amoebas. The amoebas can then get into food and water, and the infection can pass on to other people. For example, if you go to the toilet and don't wash your hands, amoebas from your stool could get into any food you prepare. Or, sewage that isn't treated properly could contaminate drinking water. ^[3] ^[4] Eating food that's been washed in water contaminated with amoebas can also make you ill.

Even if the infection in your bowels doesn't make you ill, you can still pass it on to other people. So it's important to get treatment.

Amoebic dysentery

Who gets amoebic dysentery?



You can catch amoebic dysentery from contaminated water.

You usually get amoebic dysentery after eating contaminated food or drinking contaminated water. So it's more common to get the infection in developing countries where clean water isn't always available. ^[3] ^[4]

Amoebic dysentery can also be passed from person to person. For example, if someone doesn't wash their hands after going to the toilet, then shakes your hand or gives you money, amoebas could pass into your mouth when you eat.

People from the UK are most likely to get amoebic dysentery when they're travelling. You're also more likely to get it if you: ^[1] ^[3] ^[5]

- Live in crowded conditions or in close contact with other people, such as at an army barracks
- Have a weak immune system (for example, because you're having chemotherapy or you have HIV)
- Have oral or anal sex.

Preventing amoebic dysentery

If you're travelling in a developing country, there are things you can do to reduce your chances of getting amoebic dysentery. To read more, see [Preventing amoebic dysentery](#)

What are the symptoms of amoebic dysentery?

The main symptom of amoebic dysentery is diarrhoea. This means you get loose stools and you need to go the toilet more often than usual.

Amoebic dysentery

You may also get: ^[1] ^[6]

- Diarrhoea with blood or mucus in it
- Bleeding from your back passage (**rectum**)
- Pain in your abdomen
- Pain when going to the toilet
- Fever.

You may lose your appetite and lose weight.

Diarrhoea can make your body lose too much water. This is sometimes called getting dehydrated. You need to make sure you drink plenty of water or soft drinks if you have diarrhoea.

Rarely, the amoebas can break out of your bowels (intestines) and get into your **liver** . This can cause you to: ^[1]

- Have a dull pain or tenderness in your abdomen
- Have a fever
- Have a cough
- Lose your appetite
- Lose weight.

How common is amoebic dysentery?

Amoebas are tiny **parasites** . This means they can live inside your body. There are different types of amoeba, and they don't always make you ill. This makes it hard to say exactly how many people are infected with the type that causes dysentery.

Amoebic dysentery is rare in the UK. But it's quite common around the world, especially in developing countries and tropical countries. People from the UK are most likely to get it if they've been travelling in these countries.

Infection with amoebas is more common in Central and South America, Africa, and Asia. ^[8] ^[9] ^[10] Up to 40 in 100 people in these areas may be infected at any one time. Most of these people won't become ill, but they can pass on the infection to other people.

Amoebic dysentery

In the UK and other developed countries, less than 1 in 100 people have amoebas in their body.^[1] People in these countries are most likely to get amoebic dysentery when they're travelling in developing parts of the world.^[1]

Amoebic dysentery is also more common in crowded conditions or places where lots of people live together: for example, at an army barracks.^{[1] [3] [5]}

Around the world, between 40,000 and 100,000 people die of amoebic dysentery each year.^[11] It's rare to die of amoebic dysentery in countries such as the UK, where you have easy access to good health care.

What treatments work for amoebic dysentery?

If you have amoebic dysentery, your **diarrhoea** may go away without treatment. But if the amoeba parasites that made you ill are still living in your bowels (intestines), you can get diarrhoea again. Treatment can help clear up your symptoms and kill the amoebas in your bowels.

Key messages about treatments for amoebic dysentery

- Taking drugs called **antibiotics** can get rid of your **diarrhoea** and clear up the infection in your bowels.
- You'll usually be given two drugs if you have amoebic dysentery. You first take either tinidazole or metronidazole, then switch to another drug called diloxanide furoate.^[14]
- The diarrhoea you get if you have amoebic dysentery can make your body lose too much water. So, it's important to drink lots of fluids.
- It's important to wash your hands thoroughly after going to the toilet and before preparing food. This can stop amoebic dysentery spreading to other people.

Treatment Group 1

Treatments for amoebic dysentery

Treatments that are likely to work

- [Antibiotics \(tinidazole and metronidazole\)](#)

Other treatments

We haven't looked at the research on this treatment in as much detail as we've looked at the research on most of the treatments we cover. (To read more, see Our method.) But we've included some information because you may have heard of it or be interested in it.

Amoebic dysentery

- [Diloxanide furoate](#)

What will happen to me?

The diarrhoea that you get from amoebic dysentery may go away after a few weeks. But unless you get treatment, you'll still have amoeba parasites in your body. This means you could still pass on the infection to other people. Also, you could get diarrhoea again.

Without treatment, amoebas can continue to live in your bowels (intestines) for months or even years. For about 90 in 100 people, they don't cause any symptoms.^{[2] [12]} But, they may irritate the inside wall of your bowels and cause an open sore (an ulcer).^[12]
^[13] This may bleed and you may get bloody diarrhoea.

If you have diarrhoea for more than a few days or you've got blood or mucus in your stools, you should see a doctor.

- Your doctor can prescribe treatments that will help your symptoms and kill the amoebas in your body.
- It's important to tell your doctor if you've been travelling in another country because amoebic dysentery is rare in the UK.
- Your doctor will want to take a sample of your stool so it can be tested for amoebas. You may also have a blood test.
- Your doctor will also examine your abdomen. This is because, rarely, the infection can break through the wall of your bowels and affect other parts of your body such as your liver.^{[12] [6]} This can cause swelling in your abdomen. If your doctor thinks the amoebas have spread to your liver, you may need more tests such as an ultrasound.^{[12] [1]} An infection in your liver can be treated with antibiotics.^[1]

Sometimes, the amoebas can cause a more serious condition called **fulminant colitis**. Fulminant colitis is rare, but it causes severe inflammation of the bowel and it can be life threatening. The symptoms include:

- Pain all over your abdomen
- Very bad diarrhoea
- High temperature.

It's important that you see a doctor as soon as possible if you get any of these symptoms.

Amoebic dysentery

Treatments for amoebic dysentery are very good. But even without treatment it's rare to die of it. ^[12] ^[6] People are more at risk of dying from this condition in developing countries, where good medical care isn't always available. ^[11]

Your doctor may give you advice on how to avoid passing on the infection to the people you live or work with. Make sure you wash your hands after going to the toilet and before preparing food. ^[6] If you work with food or you're a healthcare worker, you should stay off work until your doctor says it's safe for you to go back to work.

Treatments:

Antibiotics (tinidazole and metronidazole)

In this section

Tinidazole and metronidazole are both **antibiotics**. These drugs can kill tiny organisms (germs) that can make you ill, including amoeba parasites. You'll need a prescription from a doctor for these drugs.

You usually take them as tablets, but metronidazole is also available as a drip (also called an IV or **intravenous infusion**). ^[14] You may be given drugs by a drip if you're vomiting a lot and you can't swallow tablets.

Doctors in the UK usually prescribe metronidazole (brand name Flagyl) for amoebic dysentery. ^[14] You take it three times a day for five days. But if the amoebas in your bowels have spread to your **liver**, you'll need to take metronidazole for longer.

You'll probably be given another drug called diloxanide furoate after you've finished taking metronidazole. You take diloxanide furoate for 10 days.

You may be given tinidazole (brand name Fasigyn) instead of metronidazole. You usually take tinidazole once or twice a day for about one week. ^[14]

There's quite a lot of research showing that taking tinidazole can help if you have amoebic dysentery. It can get rid of your symptoms and help kill the amoebas in your bowels. ^[15] Taking metronidazole can also help. ^[15] ^[16] ^[17] But taking metronidazole may not help as many people as tinidazole does. ^[15] ^[16] ^[17]

- Tinidazole cures more than 90 in 100 people who take it. ^[15] ^[16] ^[17] ^[18] ^[19] ^[20]
- Metronidazole cures between 40 and 80 people in 100 who take it. ^[15] ^[16] ^[17] But, in one study, everyone who took metronidazole was cured. ^[21]

Some of the studies said people were cured when their symptoms went away. Other studies checked people's stools to see whether all the amoebas had been killed by the treatment, before saying they were cured.

Amoebic dysentery

Both tinidazole and metronidazole can have side effects. In studies, people who took metronidazole were more likely to get side effects than people who took tinidazole. ^[15]

^[16] ^[17] Up to 50 in 100 people taking tinidazole said they got side effects. Up to 75 in 100 people taking metronidazole got side effects.

The side effects of both drugs are similar. They include: ^[16] ^[17] ^[18] ^[19] ^[22] ^[23] ^[24]

- Nausea and vomiting
- Pain in your abdomen and diarrhoea
- A bitter metallic taste in your mouth or a tongue that looks coated (furry)
- Weakness or dizziness
- Dark-coloured urine or pain while urinating
- Loss of appetite
- Blurred vision or headaches.

You may also get a rash or not be able to sleep.

One study found that the side effects people got with metronidazole were worse. ^[19]

Diloxanide furoate

In this section

Diloxanide furoate is a drug that's designed to kill amoebas. You take it as a tablet. It's sometimes used for people who have amoebas in their bowels but haven't become ill.

^[14] Treating these people can stop them spreading the infection to anyone else.

Diloxanide furoate is used along with [tinidazole or metronidazole](#) . You'll take tinidazole or metronidazole for five days to 10 days, and then you'll take diloxanide furoate for another 10 days. ^[14]

When taking diloxanide furoate some people get: ^[14]

- Wind
- Vomiting
- Itchy skin
- A rash.

Further informations:

Preventing amoebic dysentery

You usually get amoebic dysentery after eating contaminated food or drinking contaminated water. It's more common in countries where people don't have clean water or the facilities to keep kitchens and toilets as clean as we're used to. ^[3] ^[4]

If you're travelling in a developing country, there are things you can do to reduce your chances of getting amoebic dysentery. ^[6]

- Don't drink tap water or drinks served with ice in them. Ice is usually made from tap water. Instead, drink bottled water (with an unbroken seal), fizzy drinks, or hot coffee or tea. You can make water safe to drink by boiling it for a few minutes. You can also use water-purifying tablets and a filter to make water safe to drink. You can buy these from camping shops. Don't use the tap water even to brush your teeth unless you're sure it's safe. And don't drink the water while you're taking a bath or a shower.
- Avoid drinking unpasteurised milk or eating dairy products made from unpasteurised milk.
- Avoid eating raw fruits and vegetables unless you can peel them yourself.
- Don't eat cooked food that isn't piping hot when it's served.
- Don't eat food from street vendors.
- Wash your hands after going to the toilet and before eating.

If you become ill with diarrhoea after you've been travelling, it's important to tell your doctor about your trip. It will affect the kind of treatment you need. ^[1]

Your doctor can advise you about making sure you don't pass on the infection to other people. If you work with food or you're a healthcare worker, you may need to stay off work until your symptoms have cleared up. ^[7]

Glossary:

diarrhoea

Diarrhoea is when you have loose, watery stools and you need to go to the toilet far more often than usual. Doctors say you have diarrhoea if you need to go to the toilet more than three times a day.

parasite

Parasites are germs or creatures that can only survive by living on or in another living thing.

chemotherapy

The use of chemicals or drugs to treat or prevent disease, usually cancer.

Amoebic dysentery

HIV

HIV stands for human immunodeficiency virus. It's the virus that causes AIDS. It makes you ill by damaging cells called CD4 cells. Your body needs these cells to fight infections. You can get HIV by sharing needles for injecting drugs, or by having sex without a condom with someone who has the virus.

rectum

The rectum is the last 15 to 20 centimetres (six to eight inches) of the large intestine, ending with the anus (where you empty your bowels from).

liver

Your liver is on the right side of your body, just below your ribcage. Your liver does several things in your body, including processing and storing nutrients from food, and breaking down chemicals, such as alcohol.

stomach ulcer

A stomach ulcer is a break in the surface that covers the inside of your stomach.

ultrasound

Ultrasound is a tool doctors use to create images of the inside of your body. An ultrasound machine sends out high-frequency sound waves, which are directed at an area of your body. The waves reflect off parts of your body to create a picture. Ultrasound is often used to see a developing baby inside a woman's womb.

antibiotics

These medicines are used to help your immune system fight infection. There are a number of different types of antibiotics that work in different ways to get rid of bacteria, parasites, and other infectious agents. Antibiotics do not work against viruses.

inflammation

Inflammation is when your skin or some other part of your body becomes red, swollen, hot, and sore. Inflammation happens because your body is trying to protect you from germs, from something that's in your body and could harm you (like a splinter) or from things that cause allergies (these things are called allergens). Inflammation is one of the ways in which your body heals an infection or an injury.

intravenous infusion

When a medicine or a fluid, such as blood, is fed directly into a vein, it's called an intravenous infusion (or IV). To give you an intravenous infusion, a nurse, technician or a doctor places a narrow plastic tube into a vein (usually in your arm) using a needle. The needle is then removed and the fluid is infused (or dripped) through the tube into the vein.

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Amoebic dysentery

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