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**Diagnosis of extraintestinal amoebic abscess
(English Translation)**

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Foreword

This standard was drafted in accordance with the rules given in GB/T 1.1-2009.

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1 Scope

This standard specifies the diagnostic basis, principles, diagnosis and differential diagnosis of amoebiasis extraintestinal abscess.

This standard is applicable to the diagnosis of amoebiasis extraintestinal abscess by medical institutions and disease prevention and control institutions at all levels.

2 Normative references

The following documents are indispensable for the application of this document. For dated reference documents, only the dated version applies to this document. For undated references, the latest version (including all amendments) applies to this document.

WS 287 Diagnostic criteria for bacterial and amoebic dysentery

3.1 Entamoeba histolytica

Entamoeba histolytica is a pathogenic protozoa of the genus *Entamoeba*, also known as dysentery amoeba, which is the pathogen of amebiasis Body (see Appendix A).

3.2 Carriers of Entamoeba histolytica cysts

Only in the feces or intestines, the cysts of endoamoeba solubilized were detected without obvious clinical manifestations.

3.3 Amoebiasis

A disease caused by the invasion of the host's intestinal tissue or extra-intestinal tissue by the histolytic endoamoebic trophozoite.

3.4 Extraintestinal abscess of amebiasis

Entamoebic trophozoites invaded the host's intestinal mucosa and then invaded the small blood vessels in the intestinal wall, then invaded the portal venous system and spread with the bloodstream.

Diseases caused by spreading to the liver or other extraintestinal tissues and organs, trophozoites dissolving host cells, etc. Amebiasis extraintestinal abscess mainly includes Amebic liver abscess, amebic lung abscess, amebic brain abscess, etc.

4.1 Epidemiological history

A history of unclean eating or drinking; a history of an outbreak of amoebiasis; a history of diarrhea or irregular bowel movements before the onset;

Patients with amebic dysentery; there are patients with amoebiasis in the co-living population (see Appendix B).

4.2.1 Amoebic liver abscess

Fever, loss of appetite, weight loss; right upper abdominal pain, hepatomegaly with tenderness and percussion pain.

4.2.2 Amoebic lung abscess

Fever, loss of appetite, weight loss; the disease involves the corresponding symptoms of the lungs, chest and other organs.

4.2.3 Amoebic brain abscess

Fever, loss of appetite, weight loss; headache, vomiting, dizziness, seizures, or neuropsychiatric symptoms.

4.3 Imaging examination (see Appendix D)

4.3.1

X-ray examination of the right thoracic diaphragm elevation, restricted breathing movement, misty shadows on the right lung bottom, thickening of the pleura or pleural effusion.

4.3.2

Ultrasound examination revealed liquid lesions in the liver.

4.3.3

CT and magnetic resonance examination revealed signs of liquid space-occupying lesions in the organs.

4.4 Laboratory inspection (see Appendix E)

4.4.1

Abscess puncture fluid is brown, like chocolate paste, sticky and smelly.

4.4.2

Abscess puncture fluid smear examination, detected amoebic trophozoites.

4.4.3

The test of amoebic nucleic acid in the tissue of the abscess puncture solution was positive.

4.4.4

Entamoeba histolytic antigen was detected in abscess puncture fluid or cerebrospinal fluid.

4.4.5

Anti-Entamoeba histolytic antibodies were detected in the serum.

4.5 Experimental treatment

For suspected cases, anti-amebic drugs such as metronidazole are effective.

5 Principles of diagnosis

Diagnosis is based on epidemiological history, clinical manifestations, imaging examinations, laboratory examinations and experimental treatment results.

6.1 Suspected cases

Comply with any of 4.1 and 4.2.

6.2 Clinical diagnosis cases

The following one can be diagnosed.

- a) Suspected cases, meeting any one of 4.3 and 4.4.1;
- b) Suspected cases, meeting any one of 4.3 and 4.4.3;
- c) Suspected cases, which meet any of 4.3 and 4.5 at the same time.

6.3 Confirmed cases

Clinically diagnosed cases meet 4.4.2 or 4.4.3 or 4.4.4.

7 Differential diagnosis (see Appendix F)

7.1

Amoebic liver abscess should be differentiated from bacterial liver abscess, liver malignant tumor, fascioliasis, echinococcosis, etc.

7.2

Amoebic lung abscess should be differentiated from bacterial lung abscess, tuberculosis, and lung malignant tumors.

7.3

Amoebic brain abscess should be differentiated from bacterial brain abscess, brain malignant tumor, tuberculous encephalitis, hydatid disease, etc.

Appendix A

(Informative appendix) Etiology A.1 Pathogen *Entamoeba histolytica* has two periods. cyst and trophozoite, parasitizes in the terminal ileum or colon, and can invade extraintestinal tissues through the bloodstream.