THE PROFILE OF INTESTINAL AMAEBIASIS IN DAKAHLLIA GOVERNORATE USING THE CELLULOSE ACETATE PRECIPITIN TEST

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INTRODUCTION

Amoebiasis is a major health problem. In Egypt an incidence of 8.9-31% was reported in Dakahlia Governorate, Sheir et al. (1979) found that the incidence of amoebiasis was 62.5%. Patients with invasive amoebiasis suffer from intestinal ulceration with hematothages trophozoites in their stools (Rees, 1986).

Sera of patients with invasive amoebiasis or harbouring pathogenic strains of E. histolytica contain specific anti-amoebic antibodies, while those harbouring non pathogenic strains are usually serologically negative (Healy, 1971; Nilson et al., 1980 and Jackson, 1985).

It has been reported that the indirect haemagglutination (IHA) test is considered as the most sensitive test to detect anti-amoebic antibodies (Healy et al., 1971; Gilman et al., 1976 and Bonilla et al., 1982).

The aim of the present work is to study the prevalence of invasive amoebiasis among the different population groups in Dakahlia Governorate using the cellulose acetate precipitin (CAP) test and comparing its efficiency with the IHA test.

MATERIAL AND METHODS

Two hundreds and one patients attending the outpatient clinic of Mansoura University Hospital during the period from April, 1986 to January, 1987 were submitted for examination of fresh stool samples or three suc-
The difference is a statistically significant test gave positive results in 11.7%, while amebiasis in cystic parasites is 92.8% specificity in infants, while amebiasis is cystic parasites, the sen-sitivity and 92.8% specificity in inverse.

other hand CAP test gave 78.8% sen-

itivity and 98.2% specificity in inverse.

(1970) who recorded 96.0% sensitivity and 99.0% percent of that was R. coli. (1974).

Wyman et al., 1966, and Hall et al., and increased plasma cortical level pills causing hypercholesterolemia.}

besides the role of chronic-type (p<0.05), this may be due to multifactor-

in the child-bearing period. Amebiasis is statistically higher in

may be another contributing factor.

the wide use of anti-amebic drugs, leaving from chronic coilia. Moreover, they selected a group of patients with fewer authors may be related to the fact that the high

63.5% in the same locality. The high

(1979) recorded a prevalence rate of

among males and females. There was no signifi-

consumption of intestinonmeal, amebiasis and cysts appear in intermittent showers may give false negative results as the

DISCUSSION

Are shown in tables 1, 2 and 3.

RESULTS

development of acute, The positivity depended on the

reaction, Milligram et al., 1966. The CAP test was performed ac-

(1961). Using a commercial kit

(1970) the method of Kessel et al.

were used as controls.

nique (Dilbag et al., 1955). For

of intestinonmeal, the Menthiole Lodeine tce,

THE PROFILE OF INTESTINAL AMEBIASIS etc.
cant in the prevalence of amebic antibodies between patients hasbouring haematophagous trophozoites and cyst passers by b both methods P>0.001. This was in agreement with the results of James et al. (1981).

The prevalence of invasive amebiasis among the investigated group was 12.9% elicited either by the detection of haematophagous trophozoites in stool, or by the presence of anti-amebic antibodies by the CAP test. On the other hand the IHA test gave a pit higher results than both methods (14.1%). However, there was no statistical difference between the three method (P>0.05).

As the CAP test is easy to perform it can be used as a screening test in sero-epidemiologia, surveys.

SUMMARY

Entamoeba histolytica is a highly endemic disease in Egypt. The present work was carried out to study the prevalence of amebiasis in different population groups in Dakahlia province. Two hundreds and one patients were examined, of them 110 were males and 97 were females of different age groups. The total infection rate, was found to be 27.3% and 31% among males and females respectively, while invasive amoebiasis was present in 11.9%.

Three methods of diagnosis were used including stool examination by the Merthiolate iodine formaldehyde concentration (MIFC) method, the indirect haemagglutination (IHA) and the cellulose acetate precipitation (CAP) tests. The IHA test was found to be more specific and sensitive while the CAP test was easier in the application and gave more qualitative information about invasive amoebiasis which favours its application in sero-epidemiological studies.
### Table (3): School examination, IHA and CAP in invasive amoebiasis.

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### Table (2): Indirect hemagglutination and cellulose acetate precipitation tests in intestinal amoebiasis.

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<th>Controls</th>
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### Table (1): Results of stool examination for E. histolytica.

| C: Topozolozes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10| 11| 12| 13| 14| 15| 16| 17|
| AGE GROUPS     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| FEMALES        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| MALES          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

### Table 7: Profile of Intestinal Amoebiasis etc.
REFERENCES


لا يوجد نص يمكن قراءته بشكل طبيعي من الصورة المقدمة.