occasional case reports have been published before.\textsuperscript{1,3,4} Recently a large series was published from India\textsuperscript{2} in which 17 cases were reported, however, it was not specified whether the entity was primary or secondary to colonic involvement. In our series of 1,400 appendices, 13 cases had primary amoebic appendicitis in which no evidence of colonic involvement was found. The patient with amoebic appendicitis diagnosed histologically had similar clinical presentation as the classical suppurative appendicitis and careful investigation failed to reveal any colonic involvement. The peripheral blood showed leucocytosis with neutrophilia. It was only on careful histological examination of the sections that a diagnosis of amoebic appendicitis was made.

In tropical countries like Pakistan where intestinal amoebiasis is common, primary amoebic appendicitis though rare is not unusual.

Acknowledgement

We acknowledge Ms. Shazleen Sadruddin for her secretarial assistance.

References


---

Short Report

Efficacy of Secnidazole in the Treatment of Intestinal Amoebiasis

Huma Qureshi, Rakhshanda Baqai, Sarwar J. Zuberi, Waquaruddin Ahmed and Sohail Akhtar Qureshi*  
PMRC Research Centre, Jinnah Postgraduate Medical Centre and Qatar Hospital*, Karachi.

Introduction

Acute intestinal amoebiasis is common in Pakistan\textsuperscript{1}. Though 5-nitroimidazoles are generally used as the drugs of first choice, but compliance is poor due to its longer treatment course. WHO\textsuperscript{1} has recommended that the treatment of amoebiasis should be based on a suitable, effective and single dose therapy to avoid the risk of non-compliance. Secnidazole, a long acting nitroimidazole which has a half life of 19 hours\textsuperscript{3} was therefore, tried as a single dose therapy for non-complicated intestinal amoebiasis, to see its efficacy and tolerance.

Patients, Methods and Results

Adult patients whose fresh stool examination at our department showed trophozoites of entamoeba histolytica were included in the study. Patients suffering from extra intestinal amoebiasis, toxic cases and children under the age of 15 years were excluded from the study and so were the cases who had taken antiamoebic treatment for the present episode.

Single oral dose (2 Gm) of secnidazole was given as 4x500 mg tablets and patients were made to sit for 2 hours to report any untoward side effects. Patients were asked to refrain from all antibiotics and antiamoebics till the completion of the trial (21 days). Tolerance and clinical efficacy of the drug was checked via clinical examination performed at 2 hours and day 5 and 21 following secnidazole intake. Parasitological efficacy was checked by a repeat stool examination on day 5 and 21. Clinical, parasitological and global outcome were assessed according to the table.

<table>
<thead>
<tr>
<th>Clinical outcome:</th>
<th>No symptoms at day 5 and 21.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery</td>
<td>Symptoms +ve at day 5 and 21.</td>
</tr>
<tr>
<td>Persistence</td>
<td>Symptoms absent at day 5, present at day 21.</td>
</tr>
<tr>
<td>Relapse</td>
<td>E.H. +ve on day 5.</td>
</tr>
<tr>
<td></td>
<td>E.H. +ve on day 5, +ve on day 21.</td>
</tr>
<tr>
<td>Parasitological outcome:</td>
<td>No E.H. on day 5 and 21.</td>
</tr>
<tr>
<td>Failure</td>
<td>No E.H. on day 5 and 21.</td>
</tr>
<tr>
<td>Relapse</td>
<td>No E.H. on day 5 and 21.</td>
</tr>
<tr>
<td>Cure</td>
<td>No E.H. on day 5 and 21.</td>
</tr>
<tr>
<td>Global outcome:</td>
<td>No E.H. on day 5 and 21.</td>
</tr>
<tr>
<td>Complete</td>
<td>No E.H., no symptoms.</td>
</tr>
<tr>
<td>Probable</td>
<td>No E.H., symptoms present.</td>
</tr>
<tr>
<td>Treatment Failure</td>
<td>E.H. +ve in one of the 2 follow ups.</td>
</tr>
</tbody>
</table>

A total of 25 patients (20 males and 5 females) entered the study, of these 2 were lost to follow up and were therefore excluded from the study. The ages of 23 patients ranged from 16-65 years (mean 30 years). At inclusion the presenting features were abdominal colic (18), tenesmus (9), diarrhoea (6) and fever (3). Trophozoites of E.H. were present in 7 and both cysts and trophozoites in 16 stools. Majority (18) of the patients had excellent tolerance to the drug, 3 had nausea and 1 each had bitter taste in the mouth, vertigo and cramps in the legs.
Of 23 patients assessed for the efficacy according to the criteria mentioned, 20 (87%) showed complete clinical recovery, 2 relapsed and symptoms persisted in 1. Trophozoites of E.H. were eradicated in 19 (82.6%) cases, while one showed E.H. at day 5 (treatment failure) and 3 showed trophozoites in stools at day 21 (clinical relapse). According to WHO criteria complete response was achieved in majority (19) of the cases with only 4 showing treatment failure. The drug was well tolerated by most of the cases. Minor/transient side effects not requiring therapeutic intervention were seen in few cases.

**Acknowledgements**

We are grateful to M/s. Rhone-Poulenc for supporting the trial and Mr. Hameed uz Zaman of analyzing the data.

**References**


**Comments**

Oral administration of a single dose of 2G secnidazole in adults was highly efficacious in the treatment of uncomplicated intestinal amoebiasis. According to WHO criteria, complete response was achieved in 19 cases (83%), with treatment failure in 4 cases only. The drug was well tolerated by most of the cases. Similar results were reported by others. Amoebiasis being common in Pakistan and patient compliance being a problem, a single oral dose appears to be the treatment of choice for non-complicated intestinal amoebiasis.

**Case Reports**

**Cryptic Disseminated Tuberculosis: An Often Missed Diagnosis**

Abdul Jabbar
Department of Medicine, The Aga Khan University Hospital, Karachi.

Cryptic disseminated tuberculosis is an insidious form of presentation which mainly affects middle aged and elderly. Often the diagnosis is missed because possibility of tuberculosis is not considered. Lassitude, loss of weight, chronic ill health in the aged are erroneously attributed to some co-existent chronic disease or presumed occult tumours. Diagnosis is particularly difficult because choroidal tubercles are often absent, miliary pulmonary moulting may not be seen on chest radiography and the tuberculin test may be negative. The clinical features are often so non-specific that the diagnosis is frequently made only at autopsy. We report two such cases in one of which the diagnosis could only be confirmed post-mortem.

**Case 1**

A 72 year old lady, known diabetic and hypertensive for seven years initially presented with one week history of fever with chills. There were no positive physical signs on examination. She gave history of an episode of unresponsiveness about a week back which was attributed to hypoglycemia by her general practitioner and apparently she responded to intravenous glucose. She was on chlorpropamide 250 mg b.d. and methyldopa 250 mg b.d. Her initial investigations revealed a hemoglobin of 13.3 gm/dl, WBC count 5000/cm³ with 6% neutrophils and a platelet count of 190,000/cm³, ESR 30 mm in first hour, RBS 174 mg/dl, BUN 8 mg/dl, creatinine 0.7 mg/dl, Na 122 mmol/L, K 4.2 mmol/L. Total bilirubin 1.0 mg/dl, SGPT 173 i.u./l (3-33) and alkaline phosphates 246 i.u./l (29-132). Her chest X-ray was normal. An ultrasonogram of abdomen revealed mild splenomegaly and a bone marrow aspirate showed atypical lymphocytes. In view of history of an episode of unresponsiveness, a CT scan of brain was done which showed cerebral atrophy. Peripheral blood smears were negative for malarial parasites.

A working diagnosis of enteric fever was made and after collecting blood and bone marrow specimens for culture and sensitivity, she was started on oral ofloxacin and was discharged on patient's request. At the time of discharge her serum sodium was 131 mmol/L. After a few days she was readmitted to another hospital with fever, hyponatraemia and altered state of consciousness. She was treated with antibiotics and had a couple of episodes of hypoglycemia. She was again discharged and readmitted within 24 hrs due to episodes of unresponsiveness. On this occasion a CSF analysis was reported normal; all the blood and urine cultures were negative. She was empirically started on dexamethasone as well and discharged.