

**CASE NOTES**  
**AMOEBIIC ULCER OF SKIN**  
**( A Case Report )**

By

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Amebic infection of the skin is rare and occurs usually in debilitated persons with active intestinal or hepatic amebiasis. The parasites usually invade a skin lesion like an abrasion, fistula or a surgical wound, as at the site of the drainage of liver abscess or around a colostomy wound. Once infected, necrosis of the skin and the underlying tissues takes place with great rapidity due to the proteolytic enzymes secreted by the amebae. There is no tendency for spontaneous healing. True pus formation occurs when secondarily infected with bacteria. Mortality is high in untreated cases.

Diagnosis is easy when the lesion occurs in the perianal area in a person suffering from amebic dysentery. It may be missed if he is in a "carrier state" or when the lesions occur in other sites. When a biopsy shows amebae in the ulcer it is always certain that they are *Entameba histolytica* because *E. Coli* and other non-pathogenic intestinal amebae never invade into tissue,

**REPORT OF A CASE**

A 42 year old ill looking, emaciated, anemic man was admitted into the Kasturba General Hospital on 22-9-1962, with a history of severe dysentery and fever for 20 days. The pulse was feeble and the rate was 136/- minute, respiration 26/- minute and temperature 102.4° F. Systemic examination did not reveal any significant abnormality. In the perineum, an oval ulcer measuring about 4x5 cms. was noticed involving the anal and perianal region (Fig. 1). The floor was covered with foul smelling, dirty, greyish necrotic slough. In some areas the edge was cauliflower-like. Rectal examination revealed that the sphincter ani-externi was destroyed. On proctoscopy, typical large amebic ulcers covered by grey tenacious slough, were found.

*Investigations:* Fresh stool as well as scrapings from the floor of the ulcer, revealed actively motile amebae, with ingested red cells in the cytoplasm, identified as *E. histolytica*. Pus cells were also seen.

Biopsy showed ulceration of the epidermis with collections of acute inflammatory cells in the dermis. In the floor of the ulcer there were a few round to oval structures with round nuclei resembling amebae (Fig. 2). This diagnosis was confirmed by iron-haematoxylin stain. (Fig. 3). The R. B. C. count was 1.69 million/c.mm., Hb.-3.5 Gm%, E.S.R.-44 mm. (1st hour). Other investigations were not significant.

*Treatment:* The patient was treated with Emetine Hydrochloride and Tetracycline for 12 days. Diodoquin was also administered for 2 days. The dysentery stopped and the ulcer healed with little scarring. But the fever

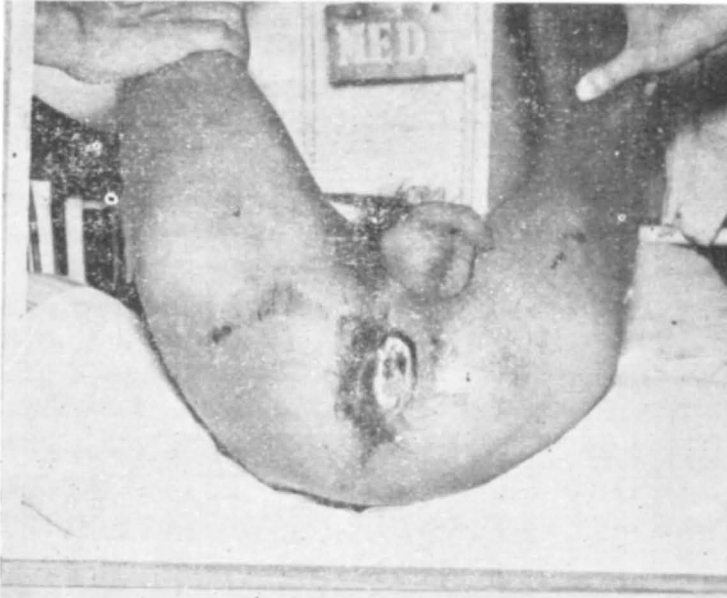


Fig. 1

Shows amebic ulcer in the skin around the anus.

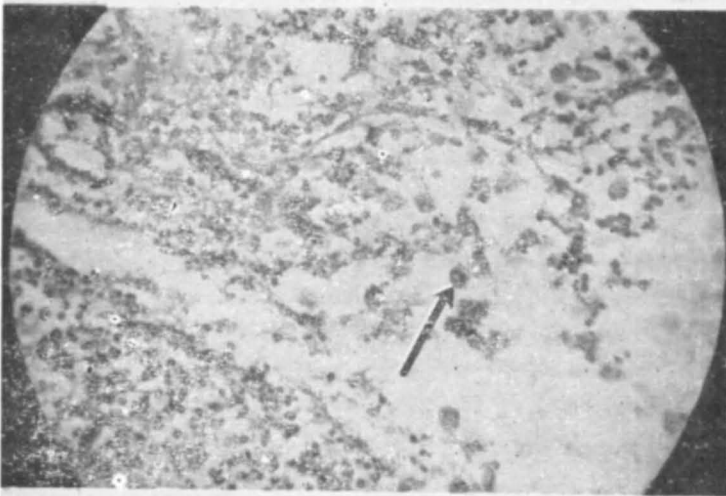


Fig. 2

Biopsy from ulcer shows acute inflammatory granulation tissue and many amoebae (H and E x 100).

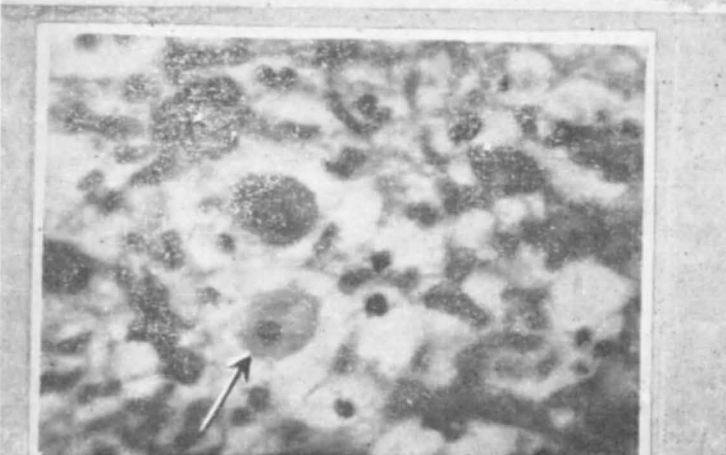


Fig. 3

Biopsy from ulcer shows amoebae by Iron Haematoxylin stain (x 800).

continued irregularly. During the 5th week of the hospital stay he developed hepatitis which responded to a course of chloroquine for 19 days. Supportive therapy included hematinics and infusions of glucose saline and whole blood. He was discharged on 16-11-62, cured of the intestinal, cutaneous and hepatic amebiasis.

### DISCUSSION

Rives et al (1955) in an analysis of 1,062 cases of "proven amebiasis" in New Orleans observed only one case of cutaneous amebiasis and one case of perianal amebic abscess. Other cases of cutaneous amebiasis reported during the last decade include those of Hunter<sup>2</sup> (1950), Ghosh and Mukherji<sup>3</sup> (1950), Nowicki<sup>4</sup> (1952), Freeman<sup>5</sup> (1953) Thakur<sup>6</sup> (1956), Garubardella and Gentile<sup>7</sup> (1955), Song<sup>8</sup> (1956), Wyss<sup>9</sup> (1956), Brandt<sup>10</sup> (1956), Pozzo and Rabotti<sup>11</sup> (1958), Biagi et al<sup>12</sup> (1960), Paul and Abeyaratne<sup>13</sup> (1961).

Although the incidence of intestinal and hepatic amebiasis is fairly high, amebic ulceration of even the perianal area is rare. This indicates that apart from the individual susceptibility, nutritional state and diet the difference in the virulence of the different strains of *E. histolytica* plays an important role in the severity of the disease and its complications.

### SUMMARY

A case of amebic ulceration of the anal and perianal region as a complication of severe intestinal amebiasis is reported.

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