LETTER TO EDITOR

Pulmonary Amoebiasis – A Revisit

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Sir

We recently diagnosed a very rare case of ulcerative pleurisy secondary to amoebiasis. The patient, a 49 year old male was admitted to Universiti Sains Malaysia Hospital complaining of shortness of breaths of a week's duration. Clinical examinations showed features of consolidation of the right lower base and pneumonia was clinically suspected. Chest x-ray (Fig. 1a) showed pleural effusion and on insertion of chest tube, 250 ml of pus mixed with blood was drained. Pleural biopsy was done to exclude malignancy. The histopathological examinations (Fig. 1b) showed presence of a few amoebic parasites among the necrotic exudate of an ulcerative pleura associated with inflamed granulation tissue. The patient did not have hepatomegaly clinically and was confirmed by ultrasound. He is a known case of chronic renal failure and on regular hemodialysis. He is also a known diabetic for some years.

Pleurisy secondary to amebiasis is extremely rare, rarer still when present without liver involvement. In 1962, Chest journal had a case report[1] and a short Letter to Editor communication on this disease in 1992[2]. Unlike those cases, ours had no obvious liver source of amoebiasis and did not have right upper abdominal tenderness. He was given intravenous metornidazole and has since fully recovered. His underlying chronic immune deficient status (diabetes and chronic renal failure) are possible contributing factors to this rare presentation of a relatively common disease in the tropics. We would like to revisit this case in this short communication.

REFERENCES

1. Thiruvengengagam KV, Madanagopalan N, Solomon V and Anguli VC. Chest 1962; 42: 111-13.
2. First SR, Weinger MB. Pleropulmonary amebiasis. Chest 1991; 1: 293.

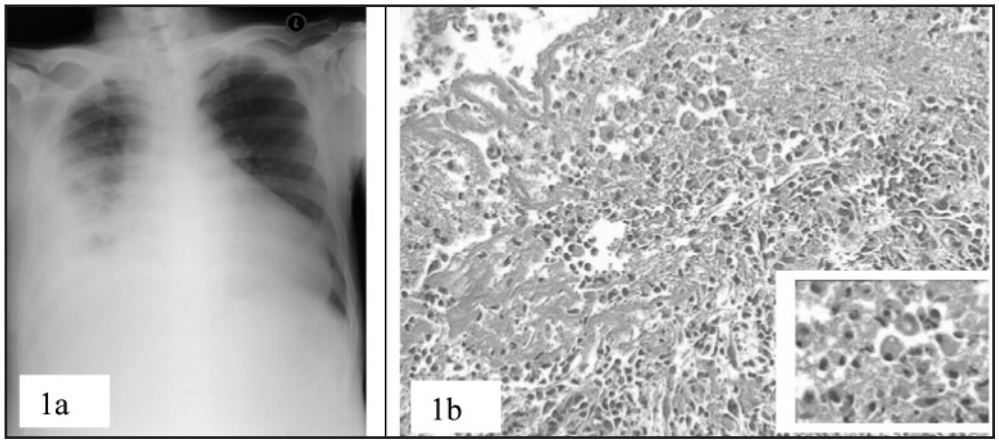

Fig. 1: Plain Chest X-ray indicating right pleural effusion: 1b: low per micrograph (X100) showing ulceration of pleural surface filled with necrotic tissue and amoeba.
Insert: The larger magnification (X400) of amoebic thropozoites