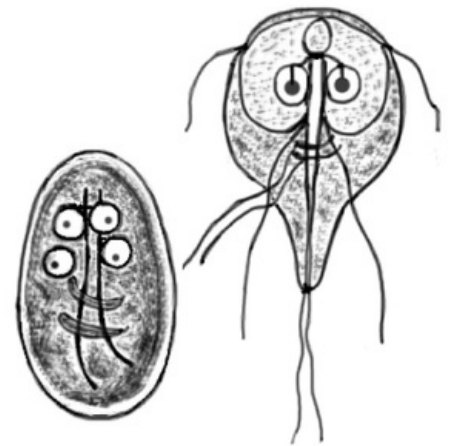


Gastrointestinal parasitosis

Overview of intestinal parasitic diseases

Protozoa	Giardiasis	<i>Giardia lamblia</i>
	Amebiasis	<i>Entamoeba histolytica</i>
	Cryptosporidiosis	<i>Cryptosporidium parvum</i>
	Isosporiasis	<i>Isospora belli</i>
	Balantidiasis	<i>Balantidium coli</i>
	Microsporidiosis	<i>Enterocytozoon bienersi</i> ; <i>Encephalitozoon hellem</i> , <i>cuniculi</i> , (<i>Septata</i>) <i>intestinalis</i> ; <i>Nosema corneum</i>
Nematodes	Ascariasis	<i>Ascaris lumbricoides</i>
	Enterobiasis, oxyuriasis	<i>Enterobius vermicularis</i>
	Trichuriasis	<i>Trichuris trichiura</i> (whipworm)
	Trichinosis	<i>Trichinella spiralis</i>
	Toxocariasis	<i>Toxocara canis</i> / <i>cati</i>
	Strongyloidiasis	<i>Strongyloides stercoralis</i> or <i>intestinal nematode</i>
	Ancylostomiasis	<i>Ancylostoma duodenale</i> , <i>Necator americanus</i>
	Dracunculiasis	<i>Dracunculus medinensis</i>
Trematodes	Intestinal schistosomiasis	<i>Schistosoma mansoni</i> , <i>Schistosoma japonicum</i> , <i>Schistosoma mekongi</i>
	Fasciolopsiasis	<i>Fasciolopsis buski</i>
Cestodes	Taeniasis	<i>Taenia solium</i> , <i>Taenia saginata</i>
	Hymenolepiasis	<i>Hymenolepis nana</i>
	Diphyllobothriasis	<i>Diphyllobothrium latum</i>



Giardia lamblia

Overview of intestinal parasitosis

Disease	Pathogen	Transmission	Clinical manifestations	Diagnostics	Therapy
Amebiasis	<i>Entamoeba histolytica</i>	fecal-oral route	severe diarrhea with blood, dysentery, abdominal pain	cysts in stool	metronidazole
Giardiasis	<i>Giardia intestinalis</i>	fecal-oral route	watery, foul-smelling diarrhea with flatulence	cysts in stool	metronidazole
Cryptosporidiosis	<i>Cryptosporidium parvum</i>	fecal-oral route	diarrhea	oocysts in stool	
Isosporiasis	<i>Isospora belli</i>				
Balantidiasis	<i>Balantidium coli</i>				
Microsporidiosis	<i>Enterocytozoon bienersi</i> ; <i>Encephalitozoon hellem</i> , <i>cuniculi</i> , <i>intestinalis</i> ; <i>Nosema corneum</i>				

In childhood, the body is more susceptible to parasitic infections.

The basic examination method is a **coprological examination**:

- the indication is the presence of GIT disorders and eosinophilia (especially people who have traveled somewhere);
- the examination should be repeated 2-3 times (after 4-7 days) as the parasites have a cyclical occurrence

Links

Related articles

- Diarrheal diseases : Viral gastroenteritis ■ Bacterial gastroenteritis ■ Enterotoxigenesis ■ Drug-induced diarrhea
 - Diarrheal diseases in infancy ■ Differential diagnosis of diarrheal diseases ■ Treatment of diarrheal diseases
- Antidiarrheals

Reference

1. ROZSYPAL, H. *Střevní parazitózy* [online]. ©2003. [cit. 2011-07-14]. <<http://www1.lf1.cuni.cz/~hrozs~hrozs/iparaz2.htm>>.